St. Joseph's Healthcare Hamilton

West 5th Campus
100 West 5th Street, P.O. Box 585
Hamilton, Ontario, L8N 3K7
tel: (905) 522-1155, fax (905) 381-5604

January 17, 2020

Private and Confidential
Mr. Boris Bytensky
Bytensky Prutschi Shikman
Criminal Litigation
5000 Yonge Street, Suite 1708
North York, Ontario
M2N 7E9

Dear Mr. Bytensky:

Re: Name: **Alek Minassian**
Date of Birth: **3rd November 1992**
Charges:

- **1st Degree Murder x 10, contrary to section 235(1) of the Criminal Code of Canada**
- **Attempt Murder x 16, contrary to section 239(1) of the Criminal Code of Canada**

This report is based on a forensic psychiatric evaluation on Mr. Minassian while he was an inpatient at the Forensic Psychiatry Program, St. Joseph's Healthcare Hamilton. Mr. Minassian was ordered on July 27, 2018 to be transferred from the Toronto South Detention Centre to the Forensic Psychiatry Program at St. Joseph's Healthcare Hamilton (via the Hamilton Wentworth Detention Centre) for an admission on July 30, 2018. He was returned to custody of the Toronto South Detention Centre on September 28, 2018. Mr. Minassian was maintained in a seclusion suite during his stay in the Forensic Psychiatry Program on consent. There were concerns related to his own protection, as well as being regarded as a high suicide risk. As a result of this, the care plan included him being under continuous observation during the first part of his stay at St. Joseph's and then intermittent observation for the rest of his stay. During his admission to the Forensic Program he was evaluated by myself and forensic psychiatric team members on a number of occasions. Multiple clinical interviews were completed with Mr. Minassian. In addition, I was able to:

- Consult with Dr. Mini Mamak, Ed.D., Senior Psychologist.
- Consult with Dr. Rebecca Chauhan, Child and Adolescent Psychiatrist.

- Consult informally with other forensic psychiatrists in the Forensic Psychiatry Program at St. Joseph's.
- Arrange a forensic social work assessment by Thomas Horn MSW, Social Worker Forensic Psychiatry Program.
- Meet with Mr. Minassian's parents [redacted] and [redacted] Minassian, and brother [redacted] Minassian. I have met with Mr. Minassian's parents on a consistent basis over this year. More recently on November 5, 2019, I was able to watch the video statement of Mr. Minassian to the Toronto Police, with his parents.

I have had a limited amount of disclosure related to Mr. Minassian which mostly consists of videotapes taken by members of the public. I have also reviewed a copy of a video of his interview with the police shortly after his arrest. I have reviewed this video five or six times. I have also reviewed a transcript of the videotaped interview, which became available more recently. I have not seen any other written disclosure. My opinion is open to change depending on disclosure, which may become available in the future. I have also been waiting for the contents of Mr. Minassian's computer/computers to be disclosed, but to date I have not had any access to this information. I originally started this report on February 28, 2019.

My understanding is that Mr. Minassian is charged with 10 counts of First-Degree Murder contrary to Section 235 (1) of the Criminal Code of Canada and 16 counts of Attempt Murder contrary to Section 239 (1) of the Criminal Code of Canada

Confidentiality Warning

When Mr. Minassian was first admitted to the Forensic Psychiatry Program, I explained to Mr. Minassian about the limits of confidentiality that apply in a pre-trial forensic psychiatric evaluation. I explained to him that the order admitting him was a LeSage Order meaning (from my understanding) that the evaluation would be completed and a report would be sent to his lawyer Ms. Breese Davies (his lawyer at the time). I reviewed this later with him after Ms. Davies was appointed to the Superior Court of Ontario explaining that Mr. Bytensky as his current lawyer would control the flow of information from this assessment. Furthermore, anything I had discussed related to Ms. Davies would apply to Mr. Bytensky. It was explained that this would be different from circumstances where there was a court-ordered forensic psychiatric assessment for criminal responsibility. However, if his legal counsel decided to request a forensic psychiatric report or request that I testify, then anything that was discussed during his evaluation or any tests there were completed, or consultations or other documentation, would be made available to the Court. Mr. Minassian was advised that if he had any concerns about confidentiality, he could discuss this further with his legal counsel. Mr. Minassian reported that he had already discussed it with his legal counsel and that he agreed to complete the forensic psychiatric evaluation.

Sources of Information

1. Interviews with Alek Minassian
2. Interviews with [redacted] Minassian (brother) and [redacted] & [redacted] Minassian (parents)

3. Written responses to questions provided by [redacted] & [redacted] Minassian on August 29, 2018
4. Order Remanding Alek Minassian for an In-Custody Defence Psychiatric Assessment, dated July 27, 2018
5. A copy of Mr. Minassian's video statement to the police, which was supplied to me on a CD. I have also been able to review videos of the incident itself, specifically, Mr. Minassian's interaction with the arresting police officer. The date of the incident was April 23, 2018. The video statement to the police is approximately four hours and 14 minutes.
6. Transcript of video of Mr. Minassian's videotaped interview with Detective Robert Thomas of Toronto Police Service
7. Health records from Markham Stouffville Hospital, 1997
8. Health Records from York Central Hospital, 1999-2012
9. Health Records from Dr. Debra Birnbaum, family physician, 2010-2017
10. Health records from Dr. Gerald Friedman, pediatrician, 2010 and 2011
11. Health Records from Mackenzie Health, 2015 and 2017
12. Forensic Social Work Assessment, by Mr. Thomas Horn, MSW, MSc, PhD(c), RSW, CMFSW, ACSW, dated October 2, 2018.
13. St. Joseph's Healthcare Hamilton, Psychiatric Report, by Dr. Rebecca Chauhan, MD, F.R.C.P. (C), Child and Adolescent Psychiatrist, dated October 12, 2018
14. St. Joseph's Healthcare Hamilton, Psychological Assessment Report, by Dr. Mini Mamak, Ed.D., C.Psych., dated December 16, 2019
15. Other records have been requested but have not been received at the time of writing this report. These include early school records specifically, when he went to the school for treatment of Autism Spectrum Disorder. Other school records will also be relevant. I have also requested early records for the diagnosis of Autism (meaning at what age was this made and who made it and what was the basis to the diagnosis), but his parents no longer have these records. I am not sure whether these records are retrievable. I also think it would be vital for me to be aware of the content of his laptop computer or computers. My understanding, is that there is difficulty accessing this information. Clearly, these records and other records that I am not aware of, may contain important information which could have an impact on my forensic psychiatric opinion related to criminal responsibility.

Circumstances of Index Offences

The Crown Synopsis was not available for this Lesage assessment, however it is understood that Mr. Minassian, on April 23, 2018 rented a van and drove this van down Yonge Street in Toronto where he ran down a number of individuals. This resulted in the deaths of ten people and the severe injury of sixteen others. Mr. Minassian was arrested at the scene outside of the van, which had come to a halt. He exited the van and was confronted by a single police officer. Videotape of this interaction shows Mr. Minassian repeatedly putting his right hand in his coat pocket and pulling out something in his hand and pointing it at the police officer. He also approached the police officer. The police officer with his firearm drawn was able to have Mr. Minassian go onto the ground and was formally arrested and taken into custody.

Circumstances Prior to the Index Offences

At the time of this incident, Mr. Minassian had just recently completed the requirements for a degree in computer programming at Seneca College. He had also accepted full-time employment and was due to start this job seven days after the index offences. This employment was at a software development company named Ceridian. His father reported that on the morning of the incident there was nothing that appeared to be out of the ordinary and that he noted his son was on the Ceridian website completing his direct deposit application. His father then drove him downtown Toronto at his request and dropped him off at a coffee shop.

Social History

Personal and Developmental History

Mr. Minassian was born in Toronto to [redacted] and [redacted] Minassian in 1992. He has an older brother named [redacted] who is 28 years old. His mother reported that she did not smoke, drink, or use any drugs during the pregnancy, which was uneventful and full-term. It was a natural delivery with no complications, and he was just over 7 lbs in weight. Developmental milestones were met as expected with the exception of speech. His mother said that he did not talk in full sentences until around 3½ years old. Mr. Minassian received speech therapy due to significant receptive and expressive concerns. He was described as fairly independent but lacking in social skills. In kindergarten, he required 1:1 support to help with social interactions and with his tendency to run from the classroom, which continued between the ages of 4 and 6. He would also dart from home and run in random directions, so extra monitoring was necessary. When he was 5 years old, Mr. Minassian was assessed by a team at the Pediatric Development Assessment Clinic at Markham Stouffville Hospital due to a number of concerns. A working diagnosis of Pervasive Developmental Disorder was provided by Dr. D. O'Leary at that clinic on December 9, 1997.

Mr. Minassian's parents said that he was a socially awkward child, and he was especially uncomfortable around members of the opposite sex. At restaurants, his parents would need to order for him if the server was a woman. The family spent quite a lot of time together and they engaged in activities as family that required solo effort, such as mountain biking. He had a good friend starting in grade 2, and when they went to different schools starting in grade 7, they met up occasionally until drifting apart by Grade 12. He had one remaining friend of several years when he entered college, but they did not see each other often and Mr. Minassian made no new friends at school.

There were no reports of physical or sexual abuse, neglect, or exposure to family violence. According to his parents, Mr. Minassian has always had a gentle and non-confrontational nature.

While Mr. Minassian was growing up, he engaged in several odd behaviours which seemed compulsive, and he also had some odd fixations. For example, when lying down in bed he tended to spit on the wall for several years with no clear reason for it. Between the ages of 6 and 9, he did not like holes in his bread/toast and he would cut it in small pieces to get rid of the holes. For several years he also had an aversion to certain reflective surfaces and at meal times he would

ensure that everyone's spoons were facing down. This was similar to his anxiety around encountering parallel mirrors, which project a theoretically infinite number of images of the objects between them. Apparently, he had a phobia of being trapped between parallel mirrors in washrooms, for example. In these cases, he would avert his eyes to prevent seeing this phenomenon.

According to his parents, when he was 23 years old, Mr. Minassian spent excessive amounts of time playing videogames at home, such as the game *RuneScape*. At one point he moved his computer into his bedroom so the screen could not be seen from the door, apparently to decrease his family's scrutiny. According to his parents, he lost his first paid job in part because of his continued videogame playing and "surfing the web" on work time. It was understood that this was a work placement from Seneca College. According to Mr. Minassian, he explained that he completed the work that was assigned to him very quickly, and was not given other work and therefore entertained himself by playing videogames. At the same time, he never advised his supervisors that he had rapidly completed the work assigned.

Education / Employment History

Mr. Minassian attended an Armenian preschool and then a private Montessori school for junior kindergarten. He went on to attend Doncrest Public School in Richmond Hill for senior kindergarten. He had difficulty following class expectations and social norms, and had difficulty socializing. He often ignored instructions, and he would frequently run out of the classroom and have to be brought back. This precipitated the referral to Markham Stouffville Hospital when he was 5 years old. While in Grade 1, he attended the Giant Steps program through York Region, which provides specialized supports for students on the autistic spectrum, with a goal of full integration back into the regular classroom. It took several more years than expected before he was fully integrated at 16th Avenue Public School in Richmond Hill. He attended Wyndham Ridge Public School in Richmond Hill for his senior elementary years, and then Thornlea Secondary School in Thornhill for grades 9 to 12. Throughout school up until Grade 12, he required extra support through the special education program. He always did well in math and sciences but he struggled in classes like history or English that required him to extract information and express himself in his own words.

Mr. Minassian was accepted into the computer security program at Seneca College York campus in 2012. He received accommodation from the disability office. They recommended that he take three rather than five courses per term as he would not have the supports he had in secondary school. At the end of the first year, he went into computer programming. He had a co-op placement at a company known as Omers. He failed two non-computer-related courses in his final year but did not inform his parents. Mr. Minassian accepted a full-time job at Toogood Financial Services in his field in 2016 despite being two credits short for graduation. He was not highly motivated and put in minimal effort into this job. He was dismissed after the first six months of employment in October 2016 because of performance issues. At this point he appeared to concentrate on physical fitness and decided to join the Canadian Armed Forces to become a non-commissioned member and was accepted as a recruit in 2017. He voluntarily discharged himself after two weeks of basic training in Québec because he could not keep up with the pace of the training. He then returned to Seneca College to complete the two courses that he had failed. He also had to complete

one other course. He completed all the requirements for his computer sciences degree a few weeks before the incident before the Court. He was scheduled to start a new job in a software company as a programmer earning approximately $70,000 per year, seven days after the index offence.

Relationship/Marital History

Mr. Minassian has never had an intimate partner and he has no children or dependents.

Criminal Record

Mr. Minassian has no criminal record.

Psychiatric and Medical History

As noted earlier, I am missing some records at the time of writing this report. I am aware that Mr. Minassian was diagnosed as suffering from Pervasive Developmental Disorder (Autism Spectrum Disorder) on December 9, 1997 by Dr. Leary at the Markham Stouffville Hospital. This was as a result of an assessment through the Paediatric Development Assessment Clinic. He was also diagnosed with Tourette's syndrome in 2008 and followed by a paediatrician Dr. Gerald Friedman between 2008 and 2012. He received pharmacological treatment including Clonidine in 2010 and 2012 and was tried on Abilify 2.5 mg twice daily in 2011. The Abilify was discontinued when he became too sedated.

Substance Use

Mr. Minassian denied ever smoking, drinking, or using street drugs or other substances.

Medical History

There is no history of brain injuries or seizures, and there are no known allergies.

Family Psychiatric History

There is no reported history of any mental health concerns in Mr. Minassian's immediate or extended family.

Family Substance Abuse History

No one in Mr. Minassian's immediate or extended family has any reported substance abuse issues.

Review of Medical Records

Markham Stouffville Hospital

On December 9, 1997, Mr. Minassian was referred to the Paediatric Development Assessment Clinic at the Markham Stouffville Hospital. A paediatric consultation was completed by Dr. Donald O'Leary to look at diagnostic possibilities. At this time in school he needed an adult support worker present with him at all times.

Mrs. Minassian accompanied her son to the appointment. She reported the long-standing concerns about his poor language skills, and impairment in social skills particularly with his peer group. Mrs. Minassian reported a normal pregnancy and birth history. His subsequent motor milestones appeared to be age-appropriate. It was noted that he feeds independently, can dress but requires some assistance although it was felt he could do this on his own if he had to. He was toilet trained. His general health appeared to be stable and no recorded concerns related to his sleep pattern.

Mrs. Minassian reported significant delay in her son's speech. Mr. Minassian's speech was noted to be at least one year behind from a developmental standpoint, both expressively and receptively. At the time of this consultation, Mr. Minassian had been attending the Montessori school as well as a 2 ½ day kindergarten program at Doncrest Public School for the previous 18 months. He had required one-to-one educational assistant supervision throughout the day, to assist in social interaction. Mrs. Minassian continued to provide support in the Montessori setting in addition to the 1-1 supervision. Mrs. Minassian noted that her son was affectionate with family members but outside of the family, his eye contact was poor and his social interactions with peers was very limited.

It was noted that he had an interest in computers where he had developed excellent skills. It was noted that he was developing reading skills. A diagnosis of Pervasive Developmental Disorder was made.

Dr. Gerald Friedman

Dr. Friedman in a letter dated December 20, 2010 to Dr. Birnbaum [the primary care physician for Mr. Minassian, reported following since 2008], reported his diagnosis was that of Tourette's syndrome and Asperger's syndrome and also had been treating him with clonidine to control his abnormal movements or tics. The Clonidine dosage was 0.1 mg 4 times daily. He also reported that the abnormal movements were complex motor tics as well as vocal tics. At this time, he reported that Mr. Minassian continued to have both the motor and vocal tics. Dr. Friedman reported the family was assisting him with the management of the tics. It was noted that he required extra time for many ordinary day activities as a result of the tics. Dr. Friedman noted that alternative pharmacological treatments were discussed but at this point Mrs. Minassian and her son had opted not to make any changes to the pharmacological treatment.

In a follow-up appointment on June 13, 2011 with Dr. Friedman it was noted that the treatment with Abilify 2.5 mg starting in February 2011 had shown a very favourable response to the management of Mr. Minassian's tics. Unfortunately, sedation led to the Abilify being discontinued

although he continued on the Clonidine. At this point it was noted that he was finishing up the school year and doing quite well. It was also noted that he was otherwise in good health. It was noted, however, that the Tourette's syndrome and the tics were quite disabling.

York Central Hospital

McKenzie Health Richmond Hospital

Dr. Debra Birnbaum, MD CCFP

Dr. Birnbaum was the family physician for Mr. Alek Minassian. In her records she noted that he has a diagnosis of Beta Thalassaemia minor (Thalassemias are inherited blood Disorders characterized by abnormal hemoglobin production). Other diagnoses include Tourette Syndrome (October 20, 2008) and Pervasive Developmental Disorder.

On October 20, 2010 there was a visit described as the first visit regarding Tourette's syndrome. Her note is that this was his first visit as an 18-year-old and at that time he had been on Clonidine for the treatment of Tourette's for about two years. It was also noted the diagnosis of Pervasive Developmental. At this time it was noticed that he had obvious tics and difficulty making eye contact.

In a visit on December 4, 2017 she saw him just after he dropped out of the military. Prior to this he had been receiving Clonidine 0.1 mg four times a day and 0.5 mg PO taken at night. He was also receiving aripiprazole (Abilify) 0.5 mg taken twice a day. At the time she saw him he had discontinued the medication. At this time, it was noted that the motor tics had improved and he was able, through concentration, to control abnormal movements. She noted in the interview that he made no eye contact. During her examination she did not observe any tics. She also noted that he had not seen Dr. Friedman since 2011 and was not under the care of anybody else for his motor tics.

Background Information related to Mr. Alek Minassian and his developmental history from his parents

As already outlined, there were no complications during the pregnancy, birth or delivery of Mr. Minassian and no medication, drugs or alcohol were consumed during the pregnancy. His mother was taking a vitamin D supplement called Materna. He was a full-term infant and was delivered about one week after his due date. It was a natural delivery and his mother was given an epidural for pain. His birth weight was just over 7 pounds and there was no distress of the foetus at the time of birth.

He was a normal full-term delivery. His milestones were normal for physical milestones, however, he had a speech delay and only started talking at 3 ½ years. This resulted in him requiring speech therapy. At fourteen months of age he would stand in front of a wall and try and hit his head on the wall. As a result of this, he had to be constantly watched. This behaviour lasted less than six months. As already outlined, in kindergarten he showed behavioural abnormalities which led to a diagnosis of Autism Spectrum Disorder at age five. He needed assistance when being taught to put on his own jacket and shoes. He would ignore the instructions and would suddenly get up and run out of the classroom. Occasionally at home he would try to leave the house to run outside. This required considerable caution in his management and this behaviour occurred from about 2 to 6 years of age. Despite this behaviour he was not seen as overactive. He attended the Giant Steps program for children on the Autism Spectrum. Throughout school he needed extra support from the special education program. Despite this, at age seven he had a good memory and was able to do two-digit arithmetic in his head.

As Mr. Minassian was growing up, he tended to be involved in daydreaming. Often when this would happen he would have a smile on his face. At times he was observed talking to himself. He also had symptoms of Obsessive Compulsive Disorder related to the washroom. This occurred when he was 5 and 6 years of age. As mentioned earlier, he had obsessional preoccupation with the holes in bread or toast between ages 6 and 9.

In 2010 he was diagnosed with Tourette's syndrome with motor and vocal tics. This was in addition to Pervasive Developmental Disorder.

As mentioned earlier, Mr. Minassian attended the ARS Armenian school/preschool. He then went to a private Montessori school for junior kindergarten. He subsequently went to the Doncrest Public School in Richmond Hill for senior kindergarten; he also attended the Giant Steps program in the Toronto/York region to assist him to become fully integrated into public school. He attended the 16th Ave public school in Richmond Hill. He attended the Wyndham Bridge Public school and middle school in Oak Bridges, Thornlea Secondary school on Bayview and Thornhill, and then Seneca College. Generally, at school he was mostly a B level student, with some A's as well as some C's. My understanding is that throughout school (up until the end of grade 12) he had extra support through the Special Education program. He was able to perform better in certain courses such as mathematics but needed extra help with other courses such as history or English. These courses were a challenge for him as he had to extract information and then express it in his own words. This evidently was always a big challenge for him.

With reference to comments by Mr. Minassian's teachers over the years, his parents reported that most of the comments, as they remember it, were related to his transition/integration from the Giant Steps program into public school. In addition, there were discussions about special education programs to assist him. They remember the special education teachers saying he was a gentle person and nonconfrontational.

Mr. Minassian had problems with socialization. He had one good friend but they ended up in different schools at grade 7. After this they socialized occasionally until grade 12 when they eventually drifted apart. From the Giant Steps program, he had some friends which continued through to high school, however, he lost contact with them over time. By the time he was in Seneca College, he had one friend from high school with whom he kept in contact. They were in the same special education class. In Seneca College he worked with students on various projects, but none of them became close friends. He continued to meet with his friend from high school on occasion. He was uncomfortable and shy in social situations. This was particularly in the presence of girls and later on women. For example, he could not tolerate being served by a female waitress in a restaurant.

Mr. Minassian's parents reported that their son has never been the victim of any sexual or physical abuse, however, he was teased at school.

Mr. Minassian completed volunteer work in high school as required by the curriculum. This included tree planting, working at a food bank and some office work. When he was studying at Seneca College he did a part-time job offered at the school related to his field of study. It is not clear how well he performed at this job although his parents understood it went quite well. He did complete a co-op placement as part of the program at Seneca College. This was at a company called Omers. This was a requirement to satisfy his degree requirements at the College. He obtained a credit so it is assumed that his performance was at a satisfactory level. He also worked at Toogood Financial Services from May until October 2016. This was a full-time job but his employment was terminated due to a performance issue.

According to Mr. Minassian's parents, they are not aware of any family history of Autism. They advised there may be some relatives who have suffered from depression or mood swings. They reported that their son did not have any head injuries or any major surgery.

In terms of anxiety, problem or odd behaviours or statements, Mr. Minassian's family reported at about 14 months of age he would stand in front of a wall and try to hit his head on the wall. He never actually got hurt. He needed constant supervision during this time including having to place a hand between his head and the wall to ensure his safety. This behaviour lasted about six months. Medical consultation at this time suggested that he would most likely grow out of the behaviour. At seven years of age he memorized dance videos, words and moves. He never liked to be complemented. As already outlined, he'd run out of class and run in random directions in the street. This was mostly between the ages of 3 to 6. He would engage in daydreaming including when he was an adult. This would include talking to himself but not in a particularly loud way or that it was clear what he was saying. At times it was not clear whether this was just sounds or not. When he was five and six years of age, he would not go to the washroom until he was told and this seemed to have some obsessive-compulsive component to it. At approximately eight years of age (for a

period of less than six months) at bedtime he would occasionally say "I don't want to die". According to his parents, it wasn't so much that he was afraid or felt unsafe but appeared to be referring to being mortal and wondering what would happen when he or his family died. The concern seemed to be related to separation from his family. He also had problems making eye contact with convex surfaces, for example a spoon. As a result of this, during lunch or dinner, he would go around the table and turn all of the spoons, to ensure the spoons were facing down. This behaviour lasted a few years. He was also uncomfortable with certain images on television mostly related to famine, starvation or surgery and would change the channel. Any thing to do with birth, even if it was not explicit, was also not tolerated by him. When two mirrors were parallel he was scared of multiple images, even until very recently. He's also had problems with movements such as tics and always had problems with fine motor movement.

At age 24 when Mr. Minassian decided to join the army, this was a complete surprise to his family, as there had been no mention of this to them. He seemed very determined to succeed in basic training and spent a lot of time exercising in order to meet the fitness requirements. During this process he seemed to ignore the fact that in order to be a successful recruit, swimming was a requirement and he could not swim. He also did not seem to be interested in learning how to swim. He had to be encouraged by his father to take swimming lessons. After returning from the army he decided to go back to Seneca College to complete the remaining few credits he required for his degree. He also started to apply for jobs and received a job offer which he accepted.

Psychological Assessment

The following is quoted from the Psychology Assessment Report prepared by Senior Clinical Psychologist, Dr. Mini Mamak on November 20, 2019:

> *Mr. Alek Minassian is a 25-year-old man charged with 10 counts of 1st Degree Murder and 16 counts of Attempted Murder. He was referred to the St. Joseph's Healthcare Hamilton, Forensic Psychiatry Program, for a psychiatric assessment under a Lesage Order. A psychological assessment was undertaken at the request of Psychiatrist, Dr. John Bradford. I was asked to assess Mr. Minassian's psychological and cognitive status.*
>
> *Mr. Minassian was seen on August 15, 2018, September 5th, 6th, 7th, 2018, July 12, 2019 and September 5th, 2019. He was seen for approximately 15 hours. The latter two assessment sessions took place at the Toronto South Detention Centre.*
>
> *At the outset of the assessment process, Mr. Minassian was informed of the limits of confidentiality and was made aware that a final report would be provided to Dr. Bradford. He was also made aware that the report, or at least parts of the report, could be made available to the Court. Mr. Minassian was also informed that he could refuse to answer any specific questions and could terminate the assessment at any point. Mr. Minassian stated that he understood the cautions and provided signed consent for the assessment to be undertaken.*
>
> ***Tests Administered:***
>
> *Cognitive*
> - *Wechsler Adult Intelligence Scale-IV (WAIS-IV)*

- *Repeatable Battery of the Assessment of Neuropsychological Status (RBANS)*

Psychological

- *Personality Assessment Inventory (PAI)*
- *Anger Disorders Scale (ADS)*
- *The Paulhus Deception Scales (PDS)*

It is noted that an account of the official version of Mr. Minassian's index offences and his social history is well outlined in Dr. Bradford's report. The following will focus on Mr. Minassian's version of events as he reported them during the herein assessment and the results of the psychological testing.

Sources of Information:

It is noted that there was no documentation provided that formally outlined Mr. Minassian's charges and the allegations related to the same.

The following assessment is a reflection of the information provided by Mr. Minassian.

The undersigned did participate in an interview between Dr. Bradford and Mr. Minassian's parents on September 07, 2018. The details of this meeting are outlined in Dr. Bradford's report.

Index Offences:

As stated, no disclosure was provided regarding Mr. Minassian's charges and consequently, the following is Mr. Minassian's version of events.

When questioned about the charges of first degree murder and attempt murder, Mr. Minassian accepted responsibility for the same. He admitted to renting a van and driving towards pedestrians, with the intention of striking them on April 23, 2018. Mr. Minassian's conduct resulted in significant media coverage.

When questioned about his behaviour, Mr. Minassian admitted that he had been planning the attack for some time. He offered that around that time, he had received a job offer and was worried about failing and getting fired. He related that he secured the van rental about a week after receiving the job offer in late March/early April 2018. According to Mr. Minassian, he chose April 23rd, 2018 to execute his plan only because he had a college assignment due the day before.

When questioned about his use of a van for the attack, Mr. Minassian offered that he developed the idea through media reports outlining similar incidents. He noted "it is hard to get a gun in Canada." On further questioning, Mr. Minassian offered that he "never questioned why [he] was doing it or whether it was a bad idea...just nervous about going through with it." He related that it was his intention to kill people and to die himself. He added that it was his intention to gain media attention; he "wanted to be on the internet and have people comment about [him]." During these discussions about the index offences, it was clear that it did not matter whether he was receiving negative or positive media attention, he desired notoriety. During one session, he stated, "I'm curious about what people are saying about me...I would be excited to see what people are saying...even if it is negative."

According to Mr. Minassian, his interest in mass murders was initially tweaked in, or around, 2009. At that time, according to him, he started looking up Wikipedia reports and biographies of men who had engaged in mass murders including, Chris Harper-Mercer (shot 10 people at a College), the Columbine Shooters, Adam Lanza (Virginia Tech murders), and Elliot Rodger. Mr. Minassian openly stated that he "related to" Elliot Rodger, stating that he (Mr. Rodger) also "had difficulty making friends, was lonely, and had a hard time with girls." He admitted that he read Mr. Rodger's manifesto several times and watched his online videos, which outlined his anger towards women and jealousy towards men. According to Mr. Minassian, he came to espouse similar negative opinions and beliefs about women and men.

Mr. Minassian indicated that his interest in reading about individuals who had committed mass murders was "on and off" between 2009 and 2016. He offered that during this time, he occasionally looked up articles and watched videos. According to him, he became "obsessed" with the idea and spent a lot of time reading about and watching videos posted by those who had committed mass murders. He had a particular interest in Elliot Rodger. He noted that his interest lessened in 2017 and then became more pronounced in 2018. In his view, in early 2018, he again began to "fixate" on this particular type of perpetrator. He offered that it was not usual for him to "fixate on certain subjects" given his diagnosis of Autism.

Mr. Minassian acknowledged that the idea of the "massacre" came from the manifesto and videos of Elliot Rodger. He offered that although he likely would have preferred to use a gun, it was his opinion that obtaining a gun would be too difficult and he consequently decided that using a van would be convenient and efficient.

In Mr. Minassian's view, he achieved his goal and was able to achieve the notoriety that drove the behaviour. When asked if he would change anything, he offered that if he was able to do it again, he may have tried for a "higher kill count" and would have taken steps to ensure that he died during the incident.

Mr. Minassian discussed his offences in a rather matter of fact manner, showing little emotion. He did not express remorse for his actions.

Clinical Impressions

Mr. Alek Minassian is a 25 year old man who appears his stated age. He stands about 5'11" in height and is of slim build. He has short dark hair.

Mr. Minassian presented to each assessment session casually dressed (or dressed in standard issue correctional jumpsuit) and adequately groomed. He was pleasant and cooperative with the assessment process. He showed no evidence of motor agitation or restlessness. Mr. Minassian demonstrated good, if not at times, intense, eye-contact, and his affect presented as restricted, even when discussing his index offenses or the impact his actions had had on his family members. One of the only times he showed emotion was when asked if he was afforded the opportunity, would he like to see what was being written about him on the internet. During his conversation, he seemed to brighten and seemed somewhat excited about the possibility of being able to read about himself on the internet.

Clinically, Mr. Minassian was oriented in all spheres and his thinking, as reflected in his speech was clear and logical. There was no evidence of psychosis or thought disorder. Mr. Minassian did present as an individual who appears to struggle in his social interactions and has difficulty

judging social interactions. As an example, on one occasion when the undersigned was setting up testing and the room was silent, he asked if I was waiting for him to start a conversation.

When the undersigned met with him in July and September 2019, there was no change in his presentation or interaction style. When asked how he viewed his index offences during these sessions, Mr. Minassian indicated that he did not spend too much time thinking about the offences and was focused on "moving forward." And, when asked about the possible impact that his offences had on his parents, Mr. Minassian indicated that he was unsure how the offences and the resultant media attention, would have impacted his parents or brother. When asked to consider this, he was able to state that they were likely "sad, upset." It was clear during these interactions that Mr. Minassian struggles with empathy. While he is able to voice victim empathy when pushed to do so (i.e. he can state that the victims are likely angry), he does not connect emotionally.

Mr. Minassian's general presentation and interaction style was consistent with someone who holds the diagnosis of Autism.

Psychological Test Results:

Mr. Minassian was cooperative with testing and appeared to be putting forth good effort. He had no difficulty comprehending test instructions or completing the tasks presented to him.

Wherever possible, Mr. Minassian' psychological test results are presented as percentiles. A percentile indicates the percent of a distribution that is equal to or below that score (e.g., a score at the 25th percentile means that the score is equal to/better than 25% of the group).[1] Where possible, raw scores from tests were converted to percentiles based on norms for age, education, gender, and setting (e.g., general population vs. forensic inpatients). Scores should be interpreted within the context of this report and not independently.

Intellectual/Cognitive Functioning:

Mr. Minassian was administered the Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV), a comprehensive measure of intellectual ability. His full scale IQ estimate was said to fall in the high average range (87th percentile). His verbal comprehension demonstrated a relative strength over his perceptual reasoning, with his verbal comprehension falling in the superior range and his perceptual reasoning falling in the average range (94th and 61st percentiles respectively). His working memory (ability to hold and manipulate information) also fell in the superior range (96th percentile). His processing speed was a relative weakness, with this domain falling in the average range (50th percentile).

When each domain is examined in detail, Mr. Minassian demonstrated a relatively consistent profile. In terms of the subtests that comprise the verbal comprehension domain, a relative strength was seen in his verbal reasoning skills (Similarities: 98th percentile) and expressive language skills (Vocabulary: 91st percentile) which fell in the superior range over his fund of knowledge (Information: 75th percentile), which fell in the average range. When the subtests that comprise the perceptual reasoning domain were examined, Mr. Minassian demonstrated a notable strength in his visual processing/fluid reasoning skills (Matrix Reasoning: 91st percentile), which fell in the

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[1] *Scores between the 25th and 75th percentile are considered to fall within the average (or expected) range for age. Those above the 75th are considered high average, whereas those above the 92nd percentile are superior. Scores between the 9th and 24th percentile are considered low average for age, those between the 2.2nd and 8th percentile are considered borderline, and those below the 2.2nd percentile are considered extremely low.*

superior range, over his non-verbal reasoning (visual puzzles: 25th percentile) and spatial perception/perceptual organization skills (block design: 50th percentile) which fell in the average range. In terms of working memory, Mr. Minassian's performance on a scale examining attention and mental control fell in the high average range (digit span: 84th percentile) while his mental math skills fell in the superior range (arithmetic: 98th percentile). In examining his performance on the subtests measuring processing speed, Mr. Minassian, had no significant difference between his ability to learn new skills and psychomotor speed (coding: 63rd percentile) over his visual perception speed (symbol search: 37th percentile) as both fell in the average range.

The Social Cognition subtests of the WAIS-IV were also administered to assess Mr. Minassian's ability to process social information. Mr. Minassian was administered the Social Perceptions (social aptitude), Faces I (ability to learn and recall new faces) and Faces II (delayed recall). In terms of Mr. Minassian's performance on the tasks assessing Social Perception, while he performed at the lower end of the average range for affect naming and prosody (scaled score=8 or 25th percentile on both), he struggled with recognizing the nuance of language, specifically identifying how tone can change the meaning of what is said (Prosody Pair Matching: scaled score 4 or 2nd percentile). His performance on tasks requiring him to learn and recall faces was a relative strength, with these tasks falling in the high average or superior range. His ability to recall emotions fell in the low average to average range (cumulative percentage: 17-25th percentile).

Mr. Minassian also completed the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS), a brief battery designed to detect neurocognitive deficits in a number of areas, including immediate and delayed memory, attention, language, and visuospatial skills. Mr. Minassian's overall composite score on the RBANS placed him in the Average range of functioning (27th percentile). There was little scatter seen across the areas measured. He demonstrated a relative weakness in his visuo-spatial/constructional skills, with this domain falling in the low average range (14th percentile). All other areas measured fell in the average range (immediate memory, 42nd percentile; language, 61st percentile, attention, 27th percentile, and delayed memory, 34th percentile).

Mr. Minassian's performance on the cognitive measures suggest that his cognitive functioning is largely intact. His performance on the social cognition subtests, however, do suggest that he has difficulty with the nuance of language and is likely to interpret language in a concrete manner.

Personality and Psychopathology

Mr. Minassian was administered the Paulhus Deception Scale (PDS) to assess his tendency to answer questionnaires in a socially desirable manner. Mr. Minassian's total PDS score was elevated (91st percentile, high average) range suggesting that he may be inclined to present himself in a positive light. When the two subscales of the PDS are examined, he demonstrated an elevation on the Impression Management Scale (IM: 95th percentile, high average) but his Self-Deceptive Enhancement Scale (SDE: 34th percentile, average range) was not elevated. The high IM score suggests that Mr. Minassian may be presenting himself in an overly positive light due to situational demands. It does not appear that this is a trait like tendency as reflected by the average SDE score.

Mr. Minassian was administered the Personality Assessment Inventory (PAI), a measure of personality and psychopathology. His profile was considered valid, although there was some indication of idiosyncratic responding.

Substantively, Mr. Minassian's PAI was marked by significant elevations across a number of different scales. The configuration of the clinical scales was indicative of an individual who is

unhappy, moody, and is experiencing tension. He described his self-esteem as rather low and he views himself as ineffectual and powerless to change the direction of his life. He reported experiencing difficulties in his concentrating and decision making.

Mr. Minassian's responses on the PAI, indicated that he is experiencing uncomfortable levels of anxiety and tension. He is having difficulty concentrating and his attention is impacted. He also reported he is inclined to monitor his environment in an effort to avoid anxiety provoking situations or triggers. His responses also suggest that he is feeling symptoms of depression including, thoughts of worthlessness, hopelessness, and personal failure. He feels sad, a loss of interest in normal activities, and a loss of pleasure in things he used to enjoy but is not experiencing many physiological signs of depression. He denied experiencing any changes in energy, appetite, weight, or sleep patterns. His responses indicate that he is uncertain about many life issues and feels that he has little sense of direction or purpose at present. It is noted that at the time that this measure was administered, Mr. Minassian described low mood, not because he was regretful of his actions, but rather because, the full extent of his plan had not been executed. His responses did suggest that he has intense and recurrent thoughts of suicide. Of note, it was his plan to die by suicide by cop during the commission of his offences. Although he did report ongoing thoughts of suicide during my initial meetings with him, these thoughts dissipated over time and during my most recent meeting, he denied thoughts of suicide and confirmed that he had not had such thoughts for some time.

Regarding the experience of anger, Mr. Minassian described himself as very meek and unassertive.

In terms of self-concept, Mr. Minassian's appears to view himself in a rather harsh and negative light. He is prone to be self-critical and pessimistic, dwelling on past failures and lost opportunities. He is consequently very uncomfortable and passive in social situations. He is inclined to take a submissive, withdrawn stance when dealing with others, and has little confidence when interacting with others. Mr. Minassian does acknowledge having long standing difficulties managing social situations-which is in keeping with the diagnosis of Autism. And, although he has the support of his parents and brother, Mr. Minassian's responses on the PAI suggest that he feels that his level of social support is lower than the average adult.

In terms of treatment motivation, Mr. Minassian's responses suggest that his motivation is at par with individuals being seen in a clinical or treatment setting. He endorsed having a positive attitude towards the possibility of personal change, the value of therapy, and the importance of personal responsibility.

Mr. Minassian was also administered the Anger Disorders Scale (ADS), a measure of dysfunctional anger in adults. His profile was considered valid. This total ADS score was suggestive of mild anger pathology. It appears that Mr. Minassian demonstrates mild problems with rumination and suspiciousness. He is likely to act out in a passive aggressive or indirect manner, and may be impulsive at times. Mr. Minassian's score on the resentment scale did fall in the moderate range, suggesting that he is likely to reflect a great deal on his past disappointments. He may blame others for his failures and covets others' success. He may endorse beliefs that he should have had a better life. Mr. Minassian also demonstrated a moderate score on the Brooding subscale, suggesting that he is inclined to hold in his feelings of anger. Individuals with this elevation can also experience symptoms of depression-which is consistent with his PAI profile.

Diagnosis:

Autism Spectrum Disorder

Summary:

Mr. Alek Minassian is a 25 year old man charged with 10 counts of 1st Degree Murder and 16 counts of Attempted Murder. The events took place on April 23rd, 2018. Mr. Minassian drove a rented van down Yonge Street in Toronto deliberately striking pedestrians. His case has garnered significant media attention.

During the herein assessment, Mr. Minassian accepted responsibility for his offending behaviour. It was his position that he was striving to continue the work of his idol, Elliot Rodger and contribute to the Incel Rebellion movement. Underlying this, in my view, was a desire to achieve infamy, to be seen, and acknowledged in some way. He acknowledged that he had planned out the attack and had reserved the van three weeks prior to executing his plan. It appears that he chose April 23rd, because he had wanted to submit a college paper that was due on April 22nd, 2018.

In terms of background, Mr. Minassian was raised in a prosocial middle-class home environment that was free of any emotional, physical, or sexual abuse. He was diagnosed with Autism at the age of 5 and was provided special education resources throughout his academic tenure. He graduated high-school and later completed a Bachelor of Software Development degree through Seneca College. He noted that he had submitted his final paper on the day before the attack and consequently, was not sure if he had actually earned the degree.

Given his diagnosis, it does appear that Mr. Minassian struggled socially. It was my impression that while he desired relationships and friendships, he lacked the skills to develop or maintain the same. That said, he did have a couple of close male friends with whom he socialized.

Mr. Minassian initially began to research mass murderers (school shooters) and Elliot Rodger in or around 2009. He offered that between 2009 and 2016, he would periodically read or look up articles about the Incel movement or related topics. It is his position that in 2016, his interest became much more focused, he became "obsessed" and would spend a significant amount of time on the computer reading Elliot Rodger's manifesto and related articles. He offered that while his interest waned in 2017, it increased again in 2018. He again became rather focused on the ideas presented by Elliot Rodger and began to develop a plan to use a rented van to strike down pedestrians. Because Mr. Minassian struggles with empathy, he likely did not consider the possible emotional impact that his actions would have on others. His behavior was goal directed and concrete, with little consideration of how his actions would impact victims, his own family, or the community at large. When I first met with Mr. Minassian, he stated that if he could have done it again, he would have wanted a higher "kill count" and he would have made sure that his desire to suicide would have been realized. During more recent meetings, Mr. Minassian has stated that he is no longer focused on the notion of notoriety and does not spend much time thinking about Elliot Rodger, the Incel movement, or his own offences. It was my impression that he continues to have no emotional connection to his offences or the impact that his conduct has had on others, including his parents.

In terms of his psychometric profile, Mr. Minassian's psychological test results indicate that he is a rather bright man who functions in the high average range. He does not present with any notable cognitive deficits. In terms of his social functioning, while he is able to recognize, recall, and name emotions and faces, it does appear that he struggles with the nuance of language and interprets language in a concrete fashion. Specifically, he appears to struggle with how tone can change the meaning of a sentence.

With respect to personality, Mr. Minassian does not present with any serious psychopathology although he did report experiencing notable anxiety and symptoms of depression when assessed in August and September 2018.

Mr. Minassian is a man whose offending behaviour appears on the surface to be motivated by a desire for notoriety and infamy. However, he is a young man who is diagnosed with Autism. Because of his diagnosis, he has struggled to form and maintain close connections with others, particularly females, despite a desire to do so. Lacking the skills to manage his frustrations and desires, he sought out others online, who in his opinion, mirrored his experience. As is common for those with Autism, he developed a fixation or became focused on a particular subject, specifically Elliot Rodger and the Incel rebellion. Over time as his fixation grew, he developed a plan to emulate Elliot Rodger. And in doing so, he rented a van and struck down pedestrians as he drove down Yonge Street in Toronto.

And, consistent with his diagnosis, Mr. Minassian is now, more than a year later, able to compartmentalize his conduct and has no emotional connection to his offences.

I consulted with Dr. Chauhan as she works in forensic psychiatry and has a subspecialty in Child and Adolescent Psychiatry. She also completed training on Autism Spectrum Disorders. I requested her opinion on Mr. Minassian to assess if he in fact suffered from Autism Spectrum Disorder. This is particularly relevant when there is a previous diagnosis of Pervasive Developmental Disorder.

Consultation Report Dr. Rebecca Chauhan:

The following is quoted from the Psychiatric Report prepared by Child and Adolescent Psychiatrist, Dr. Rebecca Chauhan, F.R.C.P. (C), on October 12, 2018:

Author of the Report

Dr. Rebecca A. Chauhan, F.R.C.P. (C), Child and Adolescent Psychiatrist with a special interest in Forensic Psychiatry.

Qualifications

I am a duly qualified psychiatrist licensed to practice in the Province of Ontario. I have successfully completed my Royal College of Physicians and Surgeons of Ontario examinations in the areas of Psychiatry and the subspecialty of Child and Adolescent Psychiatry. I am currently employed as an attending Child and Adolescent Psychiatrist at McMaster Children's Hospital on the inpatient Child and Adolescent Mental Health Unit and at St. Joseph's Healthcare Hamilton as an attending psychiatrist in the Forensic program. During my training in Child and Adolescent Psychiatry, I completed a four-month rotation with a service designed to assess youth for possible Autism Spectrum Disorders. I participated in numerous assessments of youth utilizing both non-structured psychiatric interviews and observations of behaviour along with these, the standard semi-structured tools in the assessment of Autism Spectrum Disorders, namely the Autism Diagnostic Interview (ADI) and the Autism Diagnostic Observation Schedule (ADOS). I have had the opportunity to work with a well-respected expert in the area of Autism Spectrum Disorders, namely Dr. Peter Szatmari. During my medical school training I presented a poster presentation entitled Exploring Phenotypic Differences in Individuals with Chromosomal Abnormalities that

was co-authored with S. Werner and Dr. P. Szatmari. I also work part-time as an attending at St. Joseph's Healthcare, West 5th Campus, Orchard 3, General Secure Forensic Unit as well as in the outpatient forensic program. In my attending role in the forensic psychiatry program I have engaged in court ordered assessments on numerous occasions. I have been qualified to provide expert testimony in Ontario courts. I have also provided consultation to Banyan Community Services, and assessed youth for court ordered assessments. As a Child and Adolescent Psychiatrist with a special interest in forensic psychiatry, I am often sought out to complete risk assessments for youth excluded from school due to threats of violence or acts of aggression.

Purpose of Report

The purpose of this referral was to perform a psychiatric assessment pertaining to questions of a possible diagnosis of Autism Spectrum Disorder in light of a previous diagnosis of Pervasive Developmental Disorder - Not Otherwise Specified at the age of five.

Confidentiality

Mr. Minassian was given the standard warning regarding the confidentiality of the assessment. He was informed that anything he told me could be included in a report that would be sent to Dr. Bradford, which in turn could be included in a report to the Court. He was told that he can decline to answer any questions, terminate the interview at any stage, or could contact his counsel before answering any questions.

He was also informed that the undersigned would have a duty to warn or to protect a third party if he made a serious threat of imminent, serious bodily harm to a third party. He was informed that if there was any suspicion of child abuse or that a child was in danger, the undersigned would have to inform the Child Protective Services.

Mr. Minassian appeared to understand the purpose of disclosing personal health information to the undersigned and indicated that he was comfortable proceeding.

Sources of Information

1) *Interviews with Mr. Alek Minassian on September 18, September 19, and September 27 2018;*

2) *Collateral Information from Mr. Minassian (father), Mrs. [redacted] Minassian (mother), and Mr. [redacted] Minassian (brother) on September 12, 2018;*

3) *Consultation Note, Dr. D. O'Leary, Markham Stouffville Hospital, December 9, 1997.*

Context

Mr. Alex Minassian is a 25-year-old male who is currently accused of 10 counts of first degree murder and 16 counts of attempted murder following what has been described as a van attack on April 23, 2018. At the time of the index offence, Mr. Minassian was living with his biological parents and older brother in Toronto, Ontario. Mr. Minassian's defense attorney requested a court ordered psychiatric assessment by Dr. J. Bradford.

Interview with Alek Minassian

Mr. Minassian was interviewed over the course of three separate days on September 18, September 19, and September 27, 2018 for a total of approximately five hours. He was assessed in the seclusion area of Mountain 3, Forensic Assessment unit with nursing staff observing the interaction. On September 19, 2018 he was assessed utilizing the semi-structured Autism Diagnostic Observation Schedule - Second Edition, Module 4 (Fluent Speech/Adolescent/Adult).

Background Information

Mr. Minassian indicated that he was raised in an intact family and has one older brother, named [redacted] *He described a good relationship with members of his immediate family, including his brother. He denied any particular religious affiliations. He identified as heterosexual and indicated he identifies his gender as male. He stated that he had always lived at home other than a short period of time when he joined the military and was away for basic training. At the time of the index offence he was finishing his college program in computers at Seneca College. He had been offered a job that would have started on April 30th, 2018.*

Mental Health History

Mr. Minassian indicated that he was diagnosed with Pervasive Developmental Disorder at the age of five and recalled that he attended special programming throughout his school years. He indicated that he received the diagnosis of Asperger's Syndrome in grade six, and attended a middle school with a program specific to youth with Autism Spectrum Disorder for grades seven and eight. He continued to receive accommodations through the special education program during his high school years. He stated that when he was in college he was not receiving any specific accommodations.

He also recalled that he was diagnosed with a Tic Disorder in 2008 by Dr. Freidman. He indicated that he was treated with Clonidine for three years, and this was subsequently changed to Aripriprazole in an effort to achieve better control of his symptoms. He apparently discontinued the Aripiprazole after six months due to feeling the benefits did not outweigh the burden of the side effects he was experiencing.

Sensory Development and Repetitive Behaviours

Mr. Minassian was questioned with regard to any history of sensory preoccupations or sensitivities. He described that during his childhood years he experienced discomfort whenever he had to go into a washroom with multiple mirrors, such that he could see both the front and back of his body at the same time. He indicated that anything that allowed him to see the back of his head caused him distress. He described that he has always had a need for symmetry and, as a result when he needed to walk in a circle he would adjust his body the opposite direction of travel prior to rounding each corner, such that he felt he was continuing to balance out the movement. He denied any particular discomfort or distress with sounds, textures, or taste. He indicated that it was the appearance of objects seen through reflecting mirrors or convex surfaces that caused a lot of distress as a youth.

With regard to repetitive behaviours, Mr. Minassian indicated that he was diagnosed with a Tic Disorder at the age of 15 and that he was treated with antipsychotic medication and Clonidine over a period of three years. He stated that he would have a sensation of something in his mouth that was going to make him sick and felt compelled to expel it immediately, thus he would spit

repeatedly. He also described a fear of choking that would lead him to spit. He reported that this would occur in the classroom at school, and that he would spit on the floor repeatedly throughout the day due to the sensation of something bad being in his mouth and the fear he would become ill. He recalled that he would compulsively clear his throat and would blow his hands repeatedly to get dirt off. He indicated that he would compulsively repeat behaviours on the other side of his body in order to maintain symmetry. He reported that he had a repetitive behaviour that involved reaching one arm forward and that he would always feel compelled to repeat this on the other side to keep things symmetrical.

Areas of Interest

Mr. Minassian indicated that he has often spent time reading about astrophysics, outer space and geology. In secondary school after the Virginia Polytechnic school shooting he started reading about mass murders and became "interested in the subject." He indicated that he would periodically look at Wikipedia for lists of mass murders, and that this often occurred in the context of feeling bullied or lonely. He recalled that in high school he was searching Wikipedia regarding mass shootings out of interest approximately every three months. In addition, he reported that, in the context of feeling lonely during his adolescent years, he would fantasize about shooting people every four to five months.

Social Development

Mr. Minassian reported that he has struggled with social relationships throughout his life. He indicated that from grade two to grade five he had one male friendship from school, and they would occasionally play video games together outside of school. He reported that in grades seven and eight he attended a special program in school for youth with Autism Spectrum Disorder and he had some male friends he met through this program. He has apparently continued to keep touch with his friend from elementary school through Facebook. He described that a friend is someone who you "hang out with on personal time." He indicated that his interactions with friends outside of school have typically involved playing video games and that he would also play multiplayer games with strangers online.

He described a history of bullying by male youth starting around grade seven and continuing through high school. He indicated that due to his fear of being bullied by his peers he started speaking in a high pitched "goofy" voice when at school, as he preferred to be laughed at for being silly. He reported that he would tell a male student that he "loved" them to be funny, yet denied any sexual interest in the male youth. He described that it was an act he would put on because he "knew they would laugh." He explained that he felt "negative attention was still better than nothing." He recalled that his parents would get informed by the school when another youth had been bullying him repeatedly, and the school's response was to keep him separated from the individual bullying him.

He indicated that he started "acting in a proper manner" when he started college, and was no longer speaking in a different style of voice when he was with peers. He reported that he talked with three peers with whom he often did group assignments in between classes, yet he did not socialize with anyone after school hours. He described that throughout college he "felt alone." He continued to spend much of his leisure time playing video games.

Mr. Minassian described an intense fear of being rejected by females that has dated back to middle school. He indicated that around grade seven or eight he started noticing that girls were talking differently and that in retrospect he thinks they were maybe being "flirtatious." He described

thinking that girls in his middle school were talking behind his back and making fun of him. He stated that he tried to talk to a female youth in middle school and that they laughed at him. He described that this experience of being laughed at in middle school caused him to be intensely fearful of being judged by other female youth.

In high school, he apparently pretended to be afraid of female youth in order to avoid having any contact with them, due to what he described as an intense fear of being rejected or made fun of, by girls. He indicated that he would throw up his arms or quiver when a female youth approached him to demonstrate his fear of them. He recalled that he would pretend to cry if a female youth asked him a question. When asked about the response he typically received when he displayed this behaviour, he responded that the female youth would walk away.

Mr. Minassian described feeling attracted to females, and identified as heterosexual. He stated that there was only one occasion in his life when he approached a female for the purpose of trying to ask her to go on a date with him. He recalled that the female he approached was a stranger at the library with her head down. He indicated that this attempt was unsuccessful, and that she politely declined to go out with him. He denied any history of sexual encounters.

Emotional Development

Mr. Minassian was questioned regarding his experience of emotions and ability to observe others' emotional reactions. He stated that video games, riding his bicycle and spending time outside make him feel happy. He struggled to explain how he feels in his body when he experiences happiness other than to say he might smile. He described that he has felt afraid of "infinite loops", tests, and dogs when he was younger. He stated that he feels anxious if he is not able to use the washroom. When he was asked how he feels inside when he is anxious he responded that he senses he is going to "screw up and loose everything." When he was asked what makes him feel angry he responded "not much that does." He described that when he feels angry he "can't concentrate" and that his "head feels hot." He indicated that failing tests and getting "fired from job" make him feel sad. He described that when he is sad he feels things are moving "more slowly", that he is "more focused" and that the speed of his thoughts decreases.

Mr. Minassian reported that overall, he had a very difficult time reading others' emotions when he was a child. He said that he has learned to recognize people's tone of voice and facial expressions and combine this information to interpret their emotion. When asked about his perception of his parents' emotions since the index offence he responded that his mother had a "strained smile" and that his father looked "downcast" and "shocked."

Mr. Minassian described a lot of anxiety regarding being judged by his peers starting in middle school. He indicated that it was easier to be laughed at for "talking in a goofy voice" and using an "act [he] put on" than to be teased for who he really was. He stated that he felt very lonely due to a lack of friendships throughout his life. He indicated that starting around middle school he would feel down when he felt "ignored" by his peers. He also reported that the bullying he experienced in high school by male peers caused him to feel "hopeless." He stated that the hopelessness was due to a realization that his life was destined to be one of loneliness and rejection from others.

Educational History

Mr. Minassian reported that in secondary school he achieved marks in the 70 to 80 range, and denied failing any courses. In college he received mostly "B's" and failed one term in what would

have been his final year. He indicated that in high school he started having a lot of anxiety prior to tests if he felt he hadn't studied enough. He stated that if he felt he had failed or was going to fail he would experience brief thoughts of ending his life. He indicated the thought of ending his life was due to feeling he was going to be unsuccessful, and denied feeling depressed. He stated that he would sometimes fantasize about easy ways to end his life by suicide.

Mr. Minassian reported that the index offence occurred the day after his final assignment was submitted and that he would have received his final marks for the semester on April 28, 2018. He reported that he felt his last semester was his "final chance" and that if he failed it would be "the end of the world." He described that he had good marks that semester, yet was feeling "overwhelmed" by the idea of failing his courses and being unsuccessful in his job that he was to start on April 30, 2018.

Employment History

Prior to the index offence Mr. Minassian had two jobs. The first was a co-op placement in 2015 over the summer. He denied any bullying in the work place, yet described feeling isolated. He recalled that he was invited to "hangout" after work through a mass email that was sent to all the co-op students and that due to his anxiety of being with others, he avoided participating and regretted this decision. He indicated that his second job was in 2016 and he was "fired" after five months due to playing video games during work hours. He had been hired to a job that was due to start on April 30, 2018 following graduation from college.
Account of Events Leading up to Index Offence

Mr. Minassian indicated that he stumbled across Elliot Rodger "manifesto" entitled "My Twisted World" in 2016 while looking up other spree killers. He indicated this was during his second term of his third year of college when he was skipping classes often to attend work. He described that he underestimated the difficulty of the term and ended up failing all three of his courses. He was supposed to have graduated that year, and he indicated that he was attending work rather than school due to his feeling that he needed to secure employment as he was expecting to complete college at the end of that term.

He indicated that after learning about Elliot Rodger, he read his manifesto and watched his video. He recalled that he immediately identified with Elliot Rodger due to the manifesto speaking of Elliot Rodger's difficulties socializing with peers and getting a girlfriend. He stated that he found himself "identifying with mass murderers." He indicated that he started thinking about "what it would be like to be him (Elliot Rodger)." He described that he saw parallels between himself and Elliot Rodger in how they both were diagnosed with Autism, struggled in relationships with females and experienced loneliness.

Mr. Minassian indicated that he had first fantasized about "mass murders" in high school when he was feeling down or hopeless due to being bullied. He stated that in college he was able see more of a future for himself and that the frequency of his searches on Wikipedia regarding mass shootings had decreased to every six months from every three months. He stated that when he looked on Wikipedia he had a ritual of first looking at lists of primary school shootings, then post-secondary school shootings, and then lists of general mass shootings.

Mr. Minassian briefly joined the military after the second term of his third year of college when he had failed the three courses. He indicated that he thought the military would be an "easy way to get a job." He said that he didn't realize how hard basic training would be and requested to be released after approximately three weeks of training. As a result of the first term of college having

started he had a period of time off between returning from the military and starting his final term of college.

Mr. Minassian indicated that approximately three months after his return from the military he started thinking intensely about Elliot Rodger. He described that starting in December 2017 he was thinking daily about Elliot Rodger and the parallels to his life. He stated that he could not see any significant differences between his life and that of Elliot Rodger. He described that after December 2017 he had become "obsessed" about Elliot Rodger and that it was constantly in his mind. In his final term at college he recalled that he would see all the students talking to each other in the classrooms, and that he felt isolated. He stated that he was nervous about starting work, because he didn't think he could be successful socially.

Mr. Minassian reported that during his final term of college from January 2018 to April 2018 he was constantly thinking about Elliot Rodger and re-reading his manifesto. He stated that his lack of a girlfriend was always in his mind and that he started fantasizing about shooting people, as Elliot Rodger had done. He recalled that he thought there would be "shock value" because he thought people would "never expect" him to complete this type of act due to his "low self-confidence." He stated in his preparation for his act of violence he was thinking that people who thought he was "nothing" would think, "Oh! Alek Minassian has managed to kill a lot of people."

He reported that he thought it would be too difficult to purchase a gun, thus he rented a truck at the beginning of April 2018 with the specific date of April 23, 2018 in mind. When asked what the purpose of that date was, he said that it was the day after his final assignment was due and before he was supposed to start work, which he was highly anxious about. When asked about his motivation he said that he "really wanted to do it and thought [he] would die." He indicated that his "anxiety about the job" and the "influences of the manifesto and other school shootings" as well as "wanting to get attention" were the reasons he decided to act out violently. When asked the reason he bothered to finish his course work if he was planning to carry out a mass murder he responded that he thought he should finish.

Mr. Minassian stated that his plan was influenced by the manifesto of Elliot Rodger and other mass murderers he had read about. He indicated that his intention was to kill people by driving the van into them and then to die by a gunshot wound from police. He stated that he was very certain that police would kill him if he acted out violently, yet knew there was a risk he would not die. He recalled that when he drove into the crowd he realized he was hitting random people, yet in his mind he was "wishing for more female victims." He reported that he was hoping that there would be more young attractive females hurt in particular. He said his hope was "to die just to avoid prison." When asked if he ever reconsidered or had doubts regarding his plan, he responded that he "really wanted to do it" and that he didn't consider what would happen after because he thought he would die.

He was asked about how he feels now that he has completed this violent act and is still alive. He answered that he's sure that if people "google" his name it will come up, and that this makes him feel that he has "managed to get attention." He also reported that he feels "happy" and that it was "worth it." He indicated that he tried to end his life in prison by swallowing liquid soap as it had always been his plan to die after completing his act of violence. He indicated that his suicide attempt was unsuccessful and that he does not think he can successfully end his life in prison. He stated that he "might as well try to behave" while he is in prison. He was clear that if a way to end his life successfully by suicide presented itself, he would take it without hesitation.

Collateral Information

The members of Alek Minassian's immediate family, including [redacted] Minassian (biological mother), [redacted] Minassian (biological father) and [redacted] Minassian (biological brother) were interviewed on September 12, 2018 for approximately two hours to gather collateral information. This was a semi-structured interview utilizing the Autism Diagnostic Interview - Revised. The following information was gathered during the collateral interview with Mr. Minassian's immediate family members.

Mr. Minassian is second born in a family of two children. His older brother, [redacted] Minassian, is currently 28-years-old and has no history of developmental difficulties or mental health diagnoses. Mr. Minassian was raised in an intact family and has never lived outside of his parents' home other than when he briefly joined the military in 2017. Mr. Minassian's family indicated that he has no history of romantic relationships and has no children.

Mr. Minassian is reported to have been born at term following a normal pregnancy with no complications. Mrs. Minassian denied any substance use or medication use during the pregnancy with her son, Alek Minassian. She reported that she took a maternal supplement, namely Materna. He was born after a natural delivery and weighed slightly over seven pounds. There were no medical concerns at the time of delivery or in his first year of life. They recalled that he had walked by his first birthday, yet started talking very late around three and a half years of age. He was described as an easy baby as he was happy to be on his own.

Mr. Minassian's mother indicated that in retrospect her earliest concerns with regard to her son's development was around 14 months of age when he started hitting his head against the wall in a repetitive motion. She indicated that this was not done in the context of distress. It was around the age of two that his parents became significantly concerned by his lack of words.

They were asked for a general description of Mr. Minassian to which they responded that he exhibits "social immaturity" and that he has a long history of being "very shy around females." They indicated that it takes him a lot of effort to mask his discomfort in social situations. He was described as struggling with humour and being very literal in his interpretation of information. Mr. Minassian's mother indicated that he always struggled most with English, and as a child had difficulties gathering information together to create a coherent synthesis. His brother indicated that he is a "man of few words" and that left to his own devices he would isolate himself and play video games or watch movies. His family indicated that as he got older he was more able to keep up when conversations that involved topics he was familiar with, yet he would quickly become uncomfortable and leave if the topic was on something he didn't know or care about.

Mental Health History

His parents reported that Mr. Minassian's lack of language and behavioural concerns eventually led to him being diagnosed with Pervasive Developmental Disorder - Not Otherwise Specified at Markham Stouffville Hospital at the age of five. He attended the Giant Steps program, a specialized program for youth with Autism Spectrum Disorder, starting in grade one. He was also diagnosed with a Tic Disorder at the age of 14 by Dr. Friedman in Toronto and they recalled that he took Clonidine followed by Haloperidol. They indicated that the medication did not seem to be helpful and was discontinued.

Family Psychiatric History

Mr. Minassian's parents denied any knowledge of any mental health difficulties within the family. They were unaware of anyone within the extended family that had been diagnosed with any learning needs or Autism Spectrum Disorder.

Educational History

Mr. Minassian's mother indicated that he attended the ARS Armenian School for his preschool years and then attended Mrs. Druv's private Montessori school for Junior Kindergarten. He was at Doncrest Public School in Richmond Hill for Senior Kindergarten. His parents reported that between the ages of three and six he had a history of running out of the house or classroom for no particular reason.

After his diagnosis with Pervasive Developmental Disorder he attended a specialized program for children with Autism Spectrum Disorder called Giant Steps. He was initially full-time at Giant steps for at least one year, and then he started gradually integrating into 16th Avenue Public School with the assistance of a support worker from the Giant Steps program. His mother reported that he did not adjust well to school and needed someone to "guide him regarding expectations." He was described as having difficulties interacting with his peers and feeling easily overwhelmed by the busy classroom. His mother indicated that he struggled with sequential tasks and had an educational assistant with him throughout his elementary school years to guide him through tasks.

For grades seven and eight he attended Wyndham Ridge Public School, and was reportedly in a specialized program for youth with Asperger's Syndrome. He attended Thornlea Secondary School for high school due to it having a specialized classroom for youth with Asperger's syndrome and Autism. He then attended Seneca College immediately after graduating from high school, and had some accommodations there. Mr. Minassian's parents indicated that he studied computers at Seneca College and that it took him six years to complete a four-year program. He reportedly did his first year of college part-time to help ease into it and then changed programs in his second year. His parents indicated that after he failed a couple of courses he took time off and joined the military for a short time, but did not finish basic training. They indicated that he had two credits to complete when he returned to college in January 2018.

Early Development

Mr. Minassian's parents recalled that there were no significant concerns with regard to his motor development and he was walking independently by his first birthday. He was toilet trained by the age of three. They indicated that their primary concern was his delays with regard to language acquisition. They recalled that he did not have single words until the age of three and that he showed no interest in communicating. They described him as "passive and withdrawn." He started receiving Speech and Language Pathology (SLP) intervention in Junior Kindergarten. They denied any history of loss of language and indicated that once SLP started there was a gradual gain in language skills.

Language and Communication Functioning

With regard to his use of language as mentioned above, he was reported to have started using single words at the age of three. His parents indicated that his speech was intelligible to strangers by the age of five. They indicated that he showed little interest in communication with others and had to be prompted to use his language skills. They described him as being content to play quietly

alone and that he showed no interest in shared attention with caregivers. His mother would set up a castle to play with him, yet she recalled that she was the one leading the pretend play. He was described as lacking imaginative play, and would line up his trains repeatedly rather than build tracks for them.

Mr. Minassian's parents indicated that around the age of six there was a year where he would look in the mirror and say "hey there Mr. Alek boy" repeatedly. They also recalled the he had memorized an entire dance instruction video verbatim and would act out the dance instructions in the video repeatedly.

Mr. Minassian was reported to have always struggled with making conversation with others. They indicated that as an adult he started trying to initiate conversation when he felt comfortable with the topic. His family members indicated that even at home with them, he does not often initiate conversation spontaneously. They described his tone of voice as monotone and with less intonation. Mr. Minassian's brother indicated that he has a history of asking inappropriate questions, such as "would you like to trade knee caps" in childhood and middle school years.

Social Development and Play

Mr. Minassian's parents indicated that he has always avoided eye contact. He will not smile with strangers, yet does smile socially with members of his immediate family. He will apparently listen to information communicated to him by others, yet will not seek others out or communicate his interests with others. They indicated that he does not seem to become overly excited about anything and that he rarely seeks to show enjoyment with others.

Mr. Minassian's brother indicated that he can be quite oblivious to others' distress and discomfort, but that once he is made aware that someone is hurt, he will ask questions to convey concern if it is someone within his immediate family. They described him as having always struggled to read others' emotions and having a very limited range of emotions that he expresses.

Mr. Minassian's mother reported that he preferred to spend time on the computer and that this is what he did most independently in his childhood years. She described that he had no interest in children when he was a young child and that he did not engage in social play with other youth. He apparently did not like to be around other children and would not respond to them if they approached him. Mrs. Minassian recalled that her son eventually developed one friendship in grade one to two and that they primarily spent time playing video games together. Mr. Minassian's brother indicated that he was highly gullible and easily manipulated, and that there were times when he did things that were considered disgusting, such as licking a dirty table, due to peers telling him that he was supposed to do it.
Interests and Behaviours

With regard to compulsions or ritualized behaviours, Mr. Minassian's family described that he had a ritual of counting yellow cars as a child and that he was preoccupied with the colour green. They also indicated that he had a history of repetitively banging his head without evidence of being in distress when he was a young child. They reported that he has always had a need to balance his body by mirroring movements on each side of his body. Mr. Minassian indicated that his son developed tics at the age of 14 that involved spitting, throat clearing and repetitive finger movements.

Mr. Minassian's family indicated that he has always had a peculiar sensitivity to feedback loops and that he becomes distressed when he is in a room with multiple mirrors or two microphones.

As a child he apparently would turn over spoons on the table due to not liking the convex surface. His parents described him as having difficulties with change and needing a lot of warning regarding upcoming alterations to his routine throughout his childhood.

General Behaviours

Mr. Minassian's parents denied any history of self-injury, aggression or hyperventilation. They indicated that the repetitive head banging was not forceful and did not appear to be causing injury. With regard to areas of specific strengths, Mr. Minassian was described as excelling in math and memorization.

Mental Status

Mr. Minassian is a 25-year-old male of average height and build who appeared his stated age. He was clean cut with very short hair. He presented generally the same across the three days he was interviewed. He remained very still throughout the assessments and no abnormal movements or tics were noted. His speech remained monotone with no changes in intonation throughout the assessment. At times he seemed to have a slight stutter to his voice and there was a robotic quality at times to his speech. He responded with very brief responses that involved little descriptive terms. He offered no spontaneous information at any point during the assessment, including during attempts at creating small talk through reciprocal conversation. He offered facts regarding space and places he would like to visit for vacation, yet did not build on the conversation.

His affect remained flat throughout the assessment, despite conversations involving potentially distressing topics such as the charges he is currently facing. He showed no affective changes indicating interest when discussing outer space or places that would be fun to vacation. He approached tasks in a formal way and seemed to take it very seriously. He provided a lot of information regarding what he saw on the pages of the books Tuesday and Free Fall by David Weisner, yet showed no interest or amusement when reading the books.

Mr. Minassian denied feeling depressed or anxious. He described specific sensory stimuli that caused him distress in his youth, yet stated that he is no longer as bothered by these things. There was no evidence of mania, hypomania or psychosis.

When Mr. Minassian was observed in his room, he was seen talking to himself, exercising in a ritualized fashion, and lining up his books repeatedly. There was no evidence of disorganized behaviour.

Mr. Minassian's thought process was logical and concrete. He appeared highly rigid in his thought process, and when the undersigned paraphrased his responses he would want to describe his experience with the exact wording he had used. He demonstrated evidence of an adequate vocabulary suggestive of average intellectual functioning, yet communicated using very brief and overly formal statements that lacked descriptive terms.

Mr. Minassian denied any perceptual disturbances. He denied any experiences of panic attacks. He endorsed that he was sleeping and eating well.

Mr. Minassian had very superficial insight into his diagnosis of Pervasive Developmental Disorder, yet seemed to lack an appreciation of the types of deficits that are core to this Disorder. He demonstrated poor appreciation for the experiences of others and little ability to consider the

perspectives of others. His judgment is limited by his rigid thought process and deficits in considering alternative responses and consequences in social interactions.

Impression

Autism Spectrum Disorder (ASD) is a neurodevelopment Disorder that involves deficits in social communication and social interaction in combination with restricted, repetitive patterns of behaviour, interests or activities. Impairments in social communication and social interaction are described as deficits in emotional reciprocity, difficulties with use of nonverbal behaviours used in communication such as eye contact and body language, and deficits in developing, maintaining, or understanding relationships. The restricted or repetitive behaviours, interests or activities can manifest as stereotyped or repetitive motor movements, insistence on sameness, highly focused and fixated areas of interest, or abnormal response or interest in sensory aspects of the environment. An individual diagnosed with ASD does not outgrow the Disorder, as it is a neurodevelopment Disorder that presents in childhood and continues throughout the lifetime of the individual. The presentation of the Disorder may change over time, and the core deficits may attenuate in severity with treatment.

Mr. Minassian was previously diagnosed with Pervasive Developmental Disorder - Not Otherwise Specified (PDD - NOS) at the age of five and possibly with Asperger's Syndrome at the age of twelve (no documentation to confirm this). The diagnosis of PDD - NOS no longer exists as it involved a category of diagnoses in the Diagnostic and Statistical Manual - IV - TR (DSM-IV-TR) that involved Autism, Asperger's Syndrome, Rett's Disorder and Childhood Disintegrative Disorder. The diagnoses of Autism and Asperger's Syndrome were merged to form the diagnosis of Autism Spectrum Disorder (ASD) in the Diagnostic and Statistical Manual - V (DSM-V). In reviewing the description of Mr. Minassian's clinical presentation at the age of five he did not fall clearly into the category of either Autism or Asperger's Disorder, and this is likely the reason he was given the diagnosis of PDD - NOS. The previous Asperger's Disorder required that language was present by the age of three, which was not the case for Mr. Minassian based on the report of his parents. Despite Mr. Minassian's delays in language development his intellectual functioning was relatively normal and he had less repetitive behaviours than would have been considered typical for a youth with Autism using the criteria in DSM-IV-TR. It is not unusual for individuals with higher intellectual functioning to meet full criteria when observed for a longer period of time, as symptoms become more noticeable when compared to peers at an older age.

Mr. Minassian was assessed using the Autism Diagnostic Observation Schedule - 2nd Edition, Module 4 (ADOS-2, Module 4) and his parents were interviewed utilizing the Autism Diagnostic Interview-Revised (ADI-R), as these are both considered standard tools in the assessment of Autism Spectrum Disorder. Mr. Minassian's parents clearly described a lifelong history of impairments in reciprocal communication, social interaction, insistence on sameness and odd responses to sensory stimuli. His fear of mirrors, feedback loops, and needing to turn over spoons as a child are certainly reflective of an odd response to sensory stimuli in his environment. His parents also recalled a history of repetitive head banging behaviours in his early childhood. Mr. Minassian's parents described their son as preferring to spend time alone, lacking peer relationships throughout his life, behaving in odd ways in social interactions, and struggling to engage in reciprocal conversation when topics were not something he had specific interest in. They described him as having a monotone voice and poor eye contact. His parents reflected on his odd use of language over the years, in that he had a pattern of speaking in a formal manner and in his childhood years engaged in odd statements to himself in the third person and echoed a fitness video verbatim repetitively. Based on the information gathered from Mr. Minassian's immediate family

members utilizing the semi-structured ADI-R, he clearly meets criteria for Autism Spectrum Disorder.

Mr. Minassian was interviewed generally with regard to his mental health history, social development, educational history and events around the index offence. Mr. Minassian endorsed a clinical history highly suggestive of a diagnosis of Autism Spectrum Disorder, as he described longstanding difficulties in social relationships, oddities in his ways of communicating with others and unusual sensory experiences. He indicated that he has always struggled to appreciate others' emotional experiences, and that as a result he has taught himself ways to read others emotions by combining aspects of their facial expression with their tone of voice. He indicated that he has always struggled socially, and that as a result he behaved in odd ways during his academic years, such as talking in a high-pitched voice and pretending to be afraid of female youth. He also described unusual sensory experiences, such as a fear of feedback loops, a need for sameness and symmetry, difficulties being in rooms where there are multiple mirrors or where he is at a right angle to a mirror and a history of repetitive behaviours in order to maintain symmetry in his body.

Mr. Minassian reported a history of tics that started in his adolescent years. His description of the reason for his tics seemed to be more related to fears of germs and becoming sick or a need to feel right in his body due to a need for symmetry. The spitting repeatedly in high school seemed to be due to fears that he had something bad in his throat that was going to make him sick, leading him to clear his throat and spit compulsively. He also reported a need for symmetry and described a longstanding history of need to repeat motions on the other side of the body and to turn his body the opposite direction before turning a corner. Mr. Minassian's history of spitting repeatedly and clearing his throat appear to be most likely related to a diagnosis of Obsessive-Compulsive Disorder rather than a Tic Disorder. This would also help to explain the lack of effectiveness of Clonidine and Haloperidol, which reduces tics yet has little effect on symptoms of Obsessive-Compulsive Disorder. The tics may also have been a repetitive motion related to his Autism Spectrum Disorder, which would also be less responsive to pharmacological treatment to reduce tics.

Mr. Minassian was also observed and assessed using the ADOS-2, Module 4. In particular he was asked to describe the books Tuesday and Free Fall by David Weisner, was asked to demonstrate brushing his teeth, to develop his own story, was questioned regarding his understanding of emotions, was observed completing pattern blocks and the undersigned engaged him in conversations regarding outer space and interesting places to vacation to assess his ability to engage in reciprocal conversation. Mr. Minassian demonstrated significant impairment in his ability to engage in reciprocal conversation, as he offered no spontaneous information and did not build on the conversation. He would answer questions appropriately with brief answers that were not particularly descriptive. He provided highly superficial descriptions of his experience of emotions, and showed no change in his affect during the assessment. When asked about his understanding of his parents' emotions he provided a superficial description of what his mother's face and tone of voice was during his last visit with her. He struggled to describe others' emotional experiences in a coherent fashion and seemed to have difficulties appreciating others' thoughts and how this may relate to their emotional state. Mr. Minassian's deficits in understanding others' emotions and his rudimentary description of his own emotional state was assessed as a significant weakness in contrast to his average intellectual capacity. Mr. Minassian's eye contact during the assessment was also impaired, as he tended to avoid eye contact or engaged in an intense stare with decreased eye blink. He sat oddly still during the assessment. His development of a story lacked imagination and was the description of a dog who was born, lived his life, got sick and died. There was a lack of characters, descriptive terms, and no climax or variation to his story. When describing the stories Free Fall and Tuesday he provided an abundance of information regarding

what he saw happening on the page, yet struggled to relay this information in a coherent fashion. When assessed using the criteria suggested by the ADOS-2, Mr. Minassian met criteria for Autism. Interestingly, he fell within the Autism range rather than the Autism Spectrum Range utilizing the scoring system of the ADOS-2, which is primarily a reflection of his extreme impairment in reciprocal conversation, lack of affect, abnormal eye contact and deficits in understanding emotional experiences.

The overall diagnostic impression is a combination of the information gathered from the previous psychiatric consult at the age of five, collateral information from family using the ADI-R and interviews with Mr. Minassian that involved psychiatric interview and the use of the ADOS-2, Module 4. Based on this combination of information, Mr. Minassian clearly meets criteria for Autism Spectrum Disorder using the DSM-V criteria. His pattern of symptoms is more consistent with high functioning Autism rather than Asperger's Syndrome using DSM-IV-TR criteria. Importantly, Mr. Minassian clearly had abnormal language development with gross delays in language acquisition along with ongoing abnormalities in reciprocal communication. He has a history of repetitive behaviours, need for sameness, and odd fears around sensory stimuli (e.g., feedback loops and mirrors). Mr. Minassian presented as flat in his affect and showed really no emotional range in conversation despite engaging in conversations involving serious topics, such as the charges he is facing.

Mr. Minassian demonstrated significant deficits in his capacity for appreciating others' thoughts and emotional experiences, and how his behaviours may impact upon others. This lends him to have significant impairment in his moral reasoning. In his description of the events leading up to the index offence there is evidence that he had become hyper focused on the manifesto by Elliot Rodger. He explained that he identified with Elliot Rodger due to their shared difficulties in relationships with females, diagnosis of Autism, and experience of loneliness. Interestingly, he was unable to appreciate any differences between his own life and that of Elliot Rodger. His description of re-reading the manifesto multiple times, thinking about it daily and feeling "obsessed" about mass murders and Elliot Rodger is suggestive of him having become hyper focused and indoctrinated by the writings of Elliot Rodger in is manifesto. Mr. Minassian's underlying diagnosis of Autism would have caused him to be vulnerable to this hyper-fixation and facilitated his indoctrination into the beliefs and writings of Elliot Rodger, as Mr. Minassian is very rigid in his thought process, has gross impairments in moral reasoning, and lacks an appreciation of how his behaviour impacts others emotionally. His impairments in thinking creatively lead him to approach his environment rigidly and impair his ability to think of multiple responses or outcomes to a situation. This lack of ability to see alternative courses of action is reflected in Mr. Minassian's hyper-fixation on the steps of planning, execution of a violent act, and followed by his own death. Mr. Minassian lacked an appreciation of why others would find it odd that he bothered to complete his courses given his plan was to act out violently and then die. This is another example of his rigid thought process and need to follow plans from beginning to end, as he followed through with completing his courses because it was something he had started and thought he should finish.

Mr. Minassian's rigid adherence to pre-arranged routines and schedules means that he remains at high risk for completing suicide if given the opportunity, as he had planned this to be the way his act of violence ended. He has admitted that he would end his life if he thought there was a means to do so successfully.

Diagnoses (DSM-V Criteria):

1) *Autism Spectrum Disorder (ASD)*

2) *Obsessive-Compulsive Disorder*

3) *Possible History of Tic Disorder*

Recommendations

Mr. Minassian participated in programs designed for youth with Autism Spectrum Disorder throughout his academic years. These programs typically focus on increasing social and communication skills while shaping less desirable behaviours. Despite his participation in these programs he has continued to struggle socially and in his ability to recognize emotions and relate to others effectively. He would benefit from ongoing opportunities for enhancement of his social skills and capacity to problem-solve and consider situations from multiple perspectives. There may be some improvement in the core symptoms of ASD with time in some individuals. In particular, repetitive behaviours often decrease after adolescence. Treatment for the core defects in social functioning and communication are most effective in the early developmental period. As a result, treatment of associated symptoms and co-morbid Disorders is the best approach to improving functioning in adults with ASD.

There is a high rate of co-morbid psychiatric Disorders in individuals with ASD, particularly mood and anxiety Disorders. These co-morbidities have a negative impact on functioning, and often increase the degree of social isolation. As such, it will be important to offer treatment to Mr. Minassian to address his symptoms of Obsessive-Compulsive Disorder. There is evidence for the effectiveness of Cognitive Behavioural Therapy for anxiety Disorders in individuals with high functioning ASD.

There are rare genetic causes of ASD, thus referral to a medical geneticist would be highly recommended.

Mr. Minassian remains at high risk for attempting to end his life by suicide or causing another individual to hurt him in an effort to die. This risk is related to his rigid adherence to his plan to die after committing his violent act rather than related to distress or depressed mood. Mr. Minassian's detachment and lack of affect actually puts him at higher risk for trying to end his life, as he does not experience anxiety related to dying that is typical of an individual considering suicide.

Course in Hospital

Mr. Minassian's course in hospital was relatively unremarkable in that he was not a management problem. He remained in seclusion during the whole period of his hospitalization. Initially this was related to his concerns related to suicidal potential, as he had talked about his mission including "suicide by cop". This was described as part of his mission that was not completed. Initially he was on continuous observation in the seclusion suite for suicide risk and then subsequently when there were some reassurances that suicide was not imminent he was placed on close observation for the rest of his stay. At times he showed repetitive behaviours and it also was noted that he talked to himself. This latter behaviour was not regarded as evidence of a psychotic condition. Throughout his stay his presentation was unchanged on a day by day basis and his interaction with staff was consistent. He entertained himself mostly by reading material brought in by his parents. He also completed and worked on various puzzles. He was cooperative with various requests and

cooperative with testing and interviews. His responses were generally brief when interviewing him and often he would say "I did not think of that".

When I followed up with him at the Toronto South Detention Centre on October 28, 2019, I pushed him with direct questioning on this issue and whether he understood morality. I pressured him to think about the question and to give an answer. His responses were emotionally flat and more cognitive than flowing from emotions. His response to the question of the definition of morality was "regardless of everything there are written rules that you are supposed to go about". He also acknowledged that "to kill is extremely immoral". Again, with direct questioning and pushing for an answer he said his actions would "be seen as morally terrible by anybody in the community". When asking him to define what infamous means he described it as "you're well known for it but no praise from the general public". When questioning him at this time about how he felt about his actions, he reported he "feels good about it". These answers to direct questions go to his ability to understand moral reasoning. Despite suffering from Autism Spectrum Disorder, he may have an understanding of moral reasoning, subject to legal interpretation.

Mental Status Examination

Mr. Minassian was very consistent in his mental status presentation. He typically presented as quiet and cooperative on all occasions. He did not show any evidence of agitation or restlessness. He presented at all times with rigid and intense eye contact with very little blinking. His speech was monotone and blunt and concrete. His answers to questions were short and abbreviated. He did not offer spontaneous information. He did not elaborate and answered with responses such as "I did not think of that". His affect at all times was flattened including when discussing the alleged offences or the impact of the offences on victims and families as well as his own family and particularly his parents. For example, remarks made related to feeling guilt or remorse about his father (August 28, 2018) he reported that his father would be "disappointed by what I did". On August 15, 2018 again focusing on empathy about the victims his response was "I would think I would feel a little bit guilty". This shows a significant lack of empathy. He did not present with any formal thought disorder. His thought process was concrete and rigid. In terms of his own subjective emotional state he denied feeling anxious or depressed during the evaluation or at other times. He was able to describe being anxious in social situations previously at school and in other situations but it did not appear to be something bothering him at this time. At no time did he show any evidence of delusional beliefs. At no time did he show any evidence of perceptual disturbances such as hallucinations. He was noted to be talking to himself at times but this was more related to repetitive behaviour than being indicative of a psychotic process. He was orientated and showed no intellectual deficit. He showed no empathy related to the index offences. His insight related to his lack of empathy was extremely poor. His insight related to autism was also poor.

Diagnosis

Autism Spectrum Disorder

According to DSM 5, Autism Spectrum Disorder is part of the neurodevelopmental disorders group of conditions. These conditions are highly heritable with a heritability index of about 0.8. The essential features of Autism are persistent impairment in reciprocal social communication and social interaction and restricted, repetitive patterns of behaviour, interests or activities. The symptoms are present from early childhood and limit or impair everyday functioning. The stage at which functional impairment becomes obvious varies according to the characteristics of the individual and his or her environment. Core diagnostic features are evident in the developmental period. But intervention, compensation and supports during the developmental period may mask the difficulties at least in some contexts. The actual manifestations of the disorder vary significantly depending on the severity of the autistic condition, the developmental level and the chronological age; this is why it is referred to as a Spectrum. The impairments in communication and social interaction are pervasive and sustained. The verbal and nonverbal deficits in social communication very depending on the individual's age, intellectual level and language ability as well as other factors such as treatment and support. Many of the individuals have language deficits ranging from a complete lack of speech through delayed language development, poor comprehension of speech, echoed speech, or stilted or overly literal language. Even when formal language skills such as vocabulary and grammar are intact, the use of language for reciprocal social communication is impaired in Autism Spectrum Disorders.

Deficits in social–emotional reciprocity [i.e. the ability to engage with others and share thoughts and feelings] is clearly evident in young children with Autism Spectrum Disorder. In adults without intellectual disabilities or language deficits, deficits in social–emotional reciprocity is apparent when processing and responding to complex social cues. Examples of this would be when or not to join a conversation or what not to say.

With Autism there are deficits in nonverbal communicative behaviours used for social interaction manifested by absence, reduced, or atypical use of eye contact. Deficits in developing, maintaining and understanding relationships is also present.

The differential diagnosis includes childhood conditions such as Rett Syndrome, Selective Mutism, Language Disorders and Intellectual Disability. Stereotypic Movement Disorder, Attention Deficit Hyperactivity Disorder as well as Schizophrenia may also be included in the differential diagnosis. Autism Spectrum Disorder can be comorbid with certain conditions. It is frequently associated with intellectual impairment and structural Language Disorder [an inability to comprehend and construct sentences with proper grammar]. Many individuals with Autism Spectrum Disorder have psychiatric symptoms that do not form part of the diagnostic criteria for Autism. 70% of individuals with Autism Spectrum Disorder may have one comorbid mental disorder and 40% may have two or more, comorbid mental disorders.

Of note, Autism Spectrum Disorders were not diagnosed in forensic psychiatry historically, as they were not part of the diagnostic system until 1994.

Although the criteria for diagnosing Autism Spectrum Disorder have mostly been based on behavioural criteria, research is ongoing to understand the cognitive and affective differences between persons without a pervasive developmental disorder [neurotypical persons] and persons on the Autism Spectrum. This includes models of cognitive functioning and Autism that impact on the development of moral responsibility. There are significant differences between persons on the Autism Spectrum and a neurotypical person. Persons on the Autism Spectrum have significant challenges in the theory of mind and moral responsibility as they require appropriate experience of reactive attitudes. Theory of mind refers to the ability of the person to attribute mental states to others. Tests of the theory of mind ask someone to identify the thoughts or feelings of others. The ability to attribute false beliefs to others is particularly important. Autism involves typically low tendencies to apply theory of mind in general. Autism is characterised by theory of mind impairments.

Opinion

Mr. Minassian does not fit the usual forensic psychiatric profile of a person coming within the terms of Section 16 (1) of the Criminal Code of Canada. There is no evidence that he was psychotic prior to the alleged offences, during the alleged offences or after the alleged offences. Most commonly in forensic psychiatric criminal responsibility evaluations, persons who were regarded as eligible to come within the terms of Section 16 (1) have to have a mental disorder that involves a psychosis, meaning the most severe of psychiatric disorders. This typically would be Schizophrenia, Schizophrenic Spectrum Disorders, Bipolar Disorder, Major Depression with Psychosis, and Organic Brain Syndromes mostly with psychotic symptoms. This type of mental disorder is most commonly required to be the diagnosis prior to any forensic psychiatric evaluation as to the impact of the mental disorder in relation to Section 16 (1) of the Criminal Code of Canada. In forensic psychiatric terms, this would be the impact of the serious mental disorder on the individual as to whether they come within the terms of the first or second branch of Section 16 (1) of the Criminal Code. Acknowledging the interpretation of Section 16 (1) is for legal experts, from a forensic psychiatric standpoint, the first branch relates to the inability to "appreciate the nature and quality of an act or omission". From a forensic psychiatric standpoint this refers to the accused's ability to perceive the impact and consequences of a physical act. The second branch of the test refers to whether the accused, as a result of a mental disorder or mental disorders, is incapable of knowing that the act or omission is "wrong". From a forensic psychiatric standpoint and review of the case law, "wrong" is not limited to the knowledge and understanding of the act being legally wrong but rather it includes moral wrongfulness. From a forensic psychiatric standpoint, an accused who has the capacity to know that society regards his actions as morally wrong [even if he has a mental disorder] and then proceeds to commit an act or acts, would not come within the terms of the second branch of Section 16 (1) and would not be eligible for a defense of Not Criminally Responsible on account of a Mental Disorder.

Mr. Minassian suffers from a number of mental disorders, specifically Autism Spectrum Disorder as well as having Obsessive Compulsive Disorder and Tourette's Syndrome. None of these conditions come within the spectrum of psychotic disorders. Furthermore, I am not aware of any individual suffering from Autism Spectrum Disorder having been found not criminally responsible on the basis of mental disorder unless there was a comorbid major psychiatric illness. Therefore,

based on this accepted practice, and in my opinion, Mr. Minassian would not be eligible for a defense of Not Criminally Responsible in terms of Section 16 (1), from a forensic psychiatric perspective.

In the interest of being an objective expert witness and to assist the Court, and acknowledging that any interpretation of Section 16 (1) is for legal scholars, I will outline various aspects of Autism Spectrum Disorder which may be open for interpretation from a legal standpoint for inclusion under Section 16 (1) of the Criminal Code of Canada.
The Defence of Mental Disorder is under Section 16 (1) of the Criminal Code of Canada and reads as follows:

"16 (1) No person is criminally responsible for an act committed or an admission made while suffering from a mental disorder that rendered the person incapable of appreciating the nature and quality of the act or omission or of knowing that it was wrong.

(2) every person is presumed not to suffer from a mental disorder so as to be exempt from criminal responsibility by virtue of subsection (1), until the contrary is proved on the balance of probabilities.

(3) The burden of proof that an accused was suffering from a mental disorder so as to be exempt from criminal responsibility is on the party that raises the issue".

I understand the definition of mental disorder is broad and includes any disease of the mind. This could therefore include Autism Spectrum Disorder. The impact of this condition on his state of mind at the time of the alleged offences would be different from that of a psychotic condition.

In my opinion Mr. Minassian does not suffer from a mental disorder with psychotic features. My understanding is that Section 16(1) is a two-part disjunctive test; this is after the person is deemed to have a mental disorder. The first branch of the defence is the 'inability to appreciate the nature and quality of the act or omission'. My understanding is that, in legal terms, this refers to the accused's ability to perceive the consequences, impact and results of a physical act. The second branch of the test refers to the accused being incapable of 'knowing that the act or omission is wrong'. My understanding is that the legal interpretation from case law is that this is not limited to the knowledge of legal consequences or wrongfulness, but rather includes 'moral wrong'. This could be summarized in legal terms as an accused, who on account of a mental disorder, lacks the capacity to assess the wrongfulness of his conduct against societal norms; or lacks the capacity to know that these actions were wrong and would be entitled to the defence of mental disorder. In my opinion from a forensic psychiatric perspective, in regards to the second branch of the test, delusions and/or hallucinations as part of a psychotic condition, can have a profound impact on the accused's capacity to know the actions were wrong.

Mr. Minassian suffers from various serious mental disorders, specifically Autism Spectrum Disorder as well as having Obsessive Compulsive Disorder and Tourette's Syndrome. Autism Spectrum Disorder has been summarized above. I will elaborate on how Autism Spectrum Disorder could possibly impact on the first or second branch of section 16 (1).

As already outlined, Autism Spectrum Disorder is a mental disorder that is related to brain development and has a profound impact on how a person perceives and socializes with others. It also causes significant impairment in social interaction and communication. It also involves limited and repetitive patterns of behaviour. Autism Spectrum Disorder develops very early in childhood and symptoms are usually obvious in the first year of life. From the onset of Autism, the condition causes difficulties in how the individual functions in society. I have outlined the symptoms above. Although the cause of Autism is not known, especially given the complexity of the disorder, there is most likely more than a single aetiological factor. The impact of the environment in triggering Autism is also likely but is not clearly understood. Children with Autism Spectrum Disorder may follow different functional pathways depending on the severity of the condition. Individuals with the least severe problems could grow up to lead relatively normal lives. Others with more serious manifestations of the condition would have continued difficulty with language, socialization throughout their teenage years and into adulthood which can also bring more serious behavioural and emotional difficulties. Associated psychiatric conditions including psychosis and major mood disorder can occur. The prevalence of the condition in Canada according to the 2018 National Autism Spectrum Disorder surveillance system estimates that one in 66 children suffer with Autism. About one third of persons suffering with Autism remain non-verbal and roughly 1/3 of persons with Autism have an intellectual disability.

Autism Spectrum Disorder has been described as having a "weak central coherence" which refers to a detailed focus processing style. Some individuals with Autism Spectrum Disorders have exceptional perceptual abilities such as recognizing the sound produced by various brands of vacuum cleaners. At the same time these exceptional perceptual abilities are maladaptive and lead to distress with small changes in the environment. Kanner in the original description of Autism, highlighted this attention to detail which is so hyper-focused and at the same time results in an inability to experience the whole or pay full attention to the constituent parts, in addition to an insistence on sameness. This means that individuals with Autism Spectrum Disorder have a problem where there is a relative failure "to see the big picture" in everyday life. An example may be from Mr. Minassian identifying with Elliot Rodger and his manifesto on narrow or hyper-focused areas of similarity, but failing to see the big picture of the trauma created by killing other people in the name of the involuntary celibate movement. The relationship between Asperger's syndrome and Autism Spectrum Disorder and criminal behaviour is therefore the result of theory of mind deficits and a predilection for intense narrow interests and when this is associated with deficient social awareness of important interpersonal and social constraints on behaviour, this can result in criminal acts. The combination of an inherent deficit in empathy and moral reasoning and theory of mind difficulties can impact on an individual with autism and affect their ability to perceive moral wrongfulness. Autism Spectrum Disorder remains misdiagnosed or undiagnosed in adults because of a lack of clinical familiarity with the adult presentation of the condition. Autism Spectrum Disorders have a high comorbidity with other psychiatric disorders most commonly Depression, Anxiety Disorders Obsessive-Compulsive Disorder being the main candidates. Recent studies have shown that there is a higher prevalence of Autism Spectrum Disorders and particularly Asperger's syndrome in forensic psychiatric populations as opposed to the general community.

A person without Autism, a neurotypical person, has an emotional response towards a hypothetical action that can influence judgements of its moral acceptability. Some individuals with Autism

Spectrum Disorder show atypical emotional processing disorder and defects in moral judgement. The exact cause of this difficulty in Autism Spectrum Disorder is not clearly understood in the research literature. One causal possibility relates to "alexithymia" which is a sub clinical phenomenon involving a lack of emotional awareness or difficulty in identifying and describing feelings and distinguishing feelings from bodily sensations of emotional arousal. This means that alexithymia may play a role in atypical moral judgements in Autism Spectrum Disorder. There is substantial agreement that high functioning individuals with Autism Spectrum Disorder (Asperger's syndrome) show some level of deficits in empathy and theory of mind and this appears to affect the person's ability to make adequate moral decisions. There has also been accumulating evidence that moral aspects of social cognition such as theory of mind and empathy have shown dysfunction in Autism Spectrum patients. Neural correlates of moral reasoning in Autism Spectrum Disorder continues to be studied and patients with Autism Spectrum Disorder show decreased activity in certain brain regions which are most likely indicative of deficits in empathy. If individuals with Autism Spectrum Disorder, and this may be more specifically related to high functioning Autism Spectrum Disorder (Asperger's syndrome), have specific neural deficits relating empathy, theory of mind and moral reasoning, it is possible that they should be considered as candidates for a not criminally responsible defence under Section 16 (1) of the Criminal Code of Canada. In theory the neural deficits could impair their capacity on the second branch of Section 16 (1) and may bring them within the terms of a finding of not criminally responsible on the basis of Mental Disorder on a balance of probabilities.

Asperger's has been underdiagnosed in the forensic and criminal populations because of psychiatrists working in that setting were unfamiliar with the adult presentation of Asperger's Disorder (Haskins & Silva, 2006). This is in part related to the fact that many forensic psychiatrists did not have the clinical training to diagnose the condition (Haskins & Silva, 2006). A series of reports have shown that Autism Spectrum Disorder and Asperger's syndrome specifically have been associated with criminality and violence specifically (Lerner, Haque, Northrup, Lawer, & Bursztajn, 2012). The link between high functioning Autism Spectrum Disorder (Asperger's syndrome) and violent crime has been examined in the US legal system since at least 2008. Since 2008 state legislative policy and judicial decisions have considered the presence of high functioning Autism Spectrum Disorder is a qualifying diagnosis in considering criminal responsibility and competency (Lerner et al., 2012). For example in the *State v Burr 2008 (State v Burr , 948 A.2d 627 N.J.2008)* the New Jersey Supreme Court dismissed an assault conviction and ordered a new trial after determining that the accused's Autism Diagnosis was relevant to his defence and improperly excluded at trial (Lerner et al., 2012). Both Florida in 2006 and California in 2010, introduced criminal statutes referencing Autism as a diagnosis and possible basis for finding of incompetent to stand trial (Lerner et al., 2012). Other legal developments in the United States since that time have addressed Autism and various legal capacities (Lerner et al., 2012).

Individuals with Autism Spectrum Disorder have clearly been shown to have deficits in empathy and complex moral reasoning. Empathy can be defined as an individual's affective response to another person's experience as well as understanding another person's mental state. Empathy is commonly divided into two components, first emotional empathy and secondly cognitive empathy (Dziobek et al., 2008; Grant, Furlano, Hall, & Kelley, 2018; Rogers, Dziobek, Hassenstab, Wolf, & Convit, 2007). When autistic individuals including persons with Asperger's syndrome are compared to neurotypical individuals they show defects in cognitive empathy (Baron-Cohen,

Jolliffe, Mortimore, & Robertson, 1997; Baron-Cohen & Wheelwright, 2004). Emotional empathy is defined as sharing another's emotions or having an affective response to another's emotional state (Grant et al., 2018; Rogers et al., 2007). Cognitive empathy is defined as an understanding of another's feelings which includes the ability to take another's perspective (Rogers et al., 2007). Individuals with Autism have been shown to have lower measures on cognitive empathy compared to neurotypical individuals (Dziobek et al., 2008). The majority of the literature on the subject suggests that individuals with Autism Spectrum Disorder have deficits in cognitive empathy even if their emotional empathy is intact. Assuming this is the case then deficits in cognitive empathy means individuals with Autism Spectrum Disorder have an inaccurate understanding of their actions (i.e. they do not foresee the impact on their victims) and results in misinterpreting the mental state of victims leading to criminal behaviour (e.g. individuals with Autism Spectrum Disorder could inaccurately perceive the victim to be threatening) (Grant et al., 2018).

Moral reasoning has been defined as the individual's ability to discern whether an action is worthy of praise or blame (Lerner et al., 2012). Review of the literature shows that individuals with Autism Spectrum Disorder when compared to neurotypical individuals clearly show impairment in moral reasoning for more complex scenarios (Grant et al., 2018). Individuals with Autism Spectrum Disorder show moral reasoning which is more concrete and categories of right or wrong and social rules are applied without flexibility. This is usually based on the social norms and rules taught to them by therapists and guardians which they interpret in a concrete way (Grant et al., 2018; Koyama, Tachimori, Osada, Takeda, & Kurita, 2007).

Under the second branch of Section 16 (1) 'wrong' has been defined in the case law as moral wrongfulness. Individuals' moral reasoning contributes to the understanding of the moral wrongfulness of their actions in criminal offences. Assuming this is the case, it is possible that individuals with Autism Spectrum Disorder, including high functioning Autism Spectrum Disorder, may come within the terms of the second branch of Section 16 (1).

Mr. Minassian's Statements to the Police (In Particular the Interview with Detective Robert Thomas)

Shortly before committing the index offences Mr. Minassian used his cell phone to post a message on his Facebook page. This reads as follows: –
"Private (Recruit) Minassian Infantry 00010, wishing to speak to Sgt 4chan please. C 2324 9161. The Incel Rebellion has already begun! We will overthrow all the Chads and Stacys! All hail the Supreme Gentlemen Elliott Rodger!"

I have also been informed that shortly after arriving at the police station and before the interview with Detective Thomas he was asked if he was suffering from any illnesses. His answer was "Yes, I'm a murdering piece of shit".

Mr. Minassian gave a detailed inculpatory statement to Police shortly after his arrest. In the statement it is clear that he carefully planned his actions, he was clearly aware of the physical nature of his actions both in his statement to the police, in his planning (e.g. type of van that he rented), and by virtue of his social communication immediately prior to engaging in the alleged

offences. He was clearly aware of what he was doing as well as giving the reasons for what he was doing. Starting from the initial statements he made to the police including the primary and secondary cautions that were given to him, it is quite clear that Mr. Minassian understood the cautions and responded appropriately. Throughout the interview with Detective Robert Thomas, he is emotionally flat which is typical of how he presents at any given time. He described early on in the interview, in response to Detective Thomas asking him how he was doing on page 2/190, he responds "Well I am a little shaken to be honest" and follows this up by saying "it's not like it's my usual day obviously". These comments are made without any emotional expression as is the majority of the interview. These comments also show a lack of understanding of the enormity of what he has done. It also shows a lack of empathy. On page 22/190 when questioned by Detective Thomas as to his understanding of first-degree murder, his response is lacking in empathy with his blunt response "premeditated murder and completely intentional and considered to be what's known as in cold blood". During the majority of the interview, he is showing absolutely no emotion.

Mr. Minassian subsequently chooses to speak to a lawyer and then continues the interview with Detective Thomas. During the ongoing interview he refuses to answer certain questions, either because his lawyer had instructed him not to do so or he felt that he did not want to. There is no evidence at any time that he is cognitively impaired in terms of the interview or misunderstanding anything that Detective Thomas questions him about. On page 63/190 when questioned about his motivation for joining the military he answers that it was in order to learn to use weapons "and specifically large guns". On page 65/190 he admitted that he enjoys playing violent video games. On page 75/190 for the first time he talks about a subject related to the Incel Movement, saying "I would say that sometimes I am a bit upset that they choose to date ah obnoxious men instead of ah a gentleman". This is in response to a question from Detective Thomas related to his history of relationships. To further questioning by Detective Thomas, he elaborates on this theme of his opinion about women dating obnoxious men. On page 79/190 is a description of an incident in 2013 related to a Halloween party. Mr. Minassian has subsequently maintained that this was not truthful. His parents have also reported that he never went to a Halloween party in 2013. This appears to be related to the Elliot Rodger Manifesto and the experience of Mr. Rodger as opposed to a real-life experience of Mr. Minassian. Although it is difficult to interpret exactly why Mr. Minassian would choose to lie to the police in this manner, it may also be a manifestation of a central coherence deficit as part of his Autism Spectrum Disorder. In his description of this incident on page 80/190, he describes being angry as a result of this incident and he described himself as a "supreme gentleman". This is all described with a lack of any demonstrated emotion on the part of Mr. Minassian. Continuing on page 80/190 Mr. Minassian outlined his interaction with the Incel Movement by saying "I know of several other guys over the Internet who feel the same way but I know they are I would consider them ah too cowardly to ah act on their anger". He then responded to direct questioning by Detective Thomas how he made contact over the Internet in various ways and through various chat rooms. He told Detective Thomas that this has been occurring since 2014. Mr. Minassian has retracted this and said that this only started to occur in 2016 after he first saw the Elliot Rodger Manifesto. To the best of my knowledge, at this time, this is not corroborated by any objective evidence related to his activities on the Internet or seen and analysed on his computers. On page 86/190 he described the topic in the various chat rooms as "frustrations that an inability to lose one's virginity specifically for young males". Again, this is in reference to the philosophy behind the Incel Movement. He further elaborated on page 87/190 on this theme by

saying "red pill truths about why women ah choose to date obnoxious men". He continued in terms of the philosophy of the Incel Movement by describing "Chads" and Staceys" on page 88/190. On page 89/190 he clearly described the definition of involuntary celibate.

In subsequent pages in response to questioning by Detective Thomas, he described in detail the location of the computer he used at Seneca College as well as the location of the computers at home. On page 100/190 Mr. Minassian talked about May 23, 2014 and Elliot Rodger specifically. This was the day that the Beta uprising against the "Chads" and "Staceys" started. He goes on to refer to Chris Harper–Mercer as a Beta uprising in Oregon. On page 102/190 he described Elliot Rodger as "the founding forefather of this". On page 103/190 he states how Elliot Rodger changed the "life status of certain individuals to ah death status". (Showing no empathy for the death of individuals in the Elliot Rodger's mass murder). He goes on to describe how this was to carry the message that Incel cannot be oppressed on page 103/190. On page 104/190 he told Detective Thomas that he could call it the "Incel Rebellion". On page 105/190 he described to direct questioning by Detective Thomas that he had been in communication with these individuals. Over the next pages he provided the codenames for Elliot Rodger and Chris Harper-Mercer and his own codename and discussed what they had talked about. He has now retracted this on a number of occasions and now maintains he did not communicate directly with Elliot Rodger and Chris Harper–Mercer and only became aware of the Incel movement in approximately 2016. At this time both Rodger and Harper–Mercer were deceased. He described how the "normies" would need to become subjugated to the Incels on page 109/190. Over the next number of pages, he described how he communicated with Elliot Rodger and that his last communication was May 4, 2014. (Elliot Rodger died by suicide by a self-inflicted gun wound on May 23, 2014.) This is outlined on page 114/190 and 115/190. He then stated that he became "radicalized at this time" on page 116/190 and described this as "meaning I felt it was time to take action and not just sit on the sidelines and just ah fester in my own sadness". Mr. Minassian then stated that the radicalization grew from the 2013 Halloween party (which appears to be a fabrication by Mr. Minassian) and this continued to grow until the time of the index offences.

He conveyed how he planned to get a van and collide with pedestrians and start using it as a weapon. On page 119/190 in his response to a question by Detective Thomas he said "meaning the vehicle collided with ah several pedestrians some of whom are no longer alive as a result". The statement clearly showed a profound lack of empathy but at the same time clearly showed that he knew exactly what he was doing and what the intended outcome was of his action. He described over the next number of pages how he ordered the van from the Ryder Rental dealership and how he did it. Again, this clearly showed that he was careful in his planning and had intended to use the van as a weapon to kill innocent civilians. He stated he finished his final examinations at Seneca College on the March 15th 2018 and contacted Ryder on the March 16th 2018. He also described how the day before at approximately 3 PM, he went on to social media anonymously to describe the forthcoming incident. He stated on page 130/190 and page 131/190 how he did this on 4Chan. On page 132/190 he conveyed that he spent about 80% of his time thinking about the incident that was going to occur on April 23, 2018. On page 134/190 he described how he used the van to "commit this rebellious act". Again, as part of his preplanning detail he described on page 139/190 how he had a route planned using Google maps. Over the next number of pages up until at least page 145/190, he described in detail how he got to the Ryder dealership. (He was being untruthful as his father actually dropped him at a Starbucks close to the rental company to pick up the van

and he did not catch the bus). Up until page 153/190 he stated in specific and minute detail how he rented the van, completed the paperwork and his experience at the rental dealership to acquire the van. On page 155/190 he described that he sees this as the "day of retribution" and that this is "burning on his mind". He also stated that he chose Yonge Street as he knew that it was a busy area (assuming he meant busy because of the number of pedestrians (page 156/190)

In the transcript of the interview, Mr. Minassian stated the following, just prior to the incident:

ELECTRONICALLY RECORDED INTERVIEW OF ALEK MINASSIAN BY DETECTIVE ROBERT THOMAS (3917) OF THE SEX CRIMES UNIT POLYGRAPH UNIT ON MONDAY, APRIL 23, 2018, AT 2246 HOURS

THOMAS: Okay and ah just walk me through this okay step by step. So it turns green what are you thinking?

MINASSIAN: I'm thinking that ah this is it. I see all these people it's ah time to ah go for it.

THOMAS: Time to go for it and what do you do?

MINASSIAN: I ah floor the pedal ---

THOMAS: Yeah.

MINASSIAN: --- I speed the van towards them and I al – allow the van to ah collide with them.
THOMAS: Okay and then what happens?

MINASSIAN: Ah some people get knocked down on the way, some people roll ov – over the top of the van.

THOMAS: Okay and then what, what happens?

MINASSIAN: I ah continue doing that until uhm in in fact actually to be honest the only reason I stopped my attack was because someone 's drink got splashed on my ah windshield and I was worried that I would ah crash ah the van anyways so I decided okay now I wanted to do more but I've kind of been foiled by a lack of visibility so then that's when I ah pulled – I turned right and I pulled – and I saw the cops approaching so I decided to pull over and get out of my van.

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Interviewee: Alek MINASSIAN
Job No.: 9283 typed and proofed by
Accused: MINASSIAN, Alek

In this account in his own words, of his immediate state of mind, he clearly described his full cognitive awareness of what he was doing and what was happening at the time, driving down Yonge Street and deliberately driving into pedestrians.

Clearly after the incident, as stated on page 160/190 Mr. Minassian outlined his intention to be killed by the police and described how he went about this.

Later on, in the interview he referred to being rejected on one occasion having asked a woman out in 2012 and again refers to the Halloween party of 2013 (page 172/190 and 173/190).

Later in the interview he is confronted by Detective Thomas about the fact that he lied how he got to the Ryder dealership. He tried to maintain the lie until at page 176/190 he admitted that it was his father who dropped him off at a Starbucks close to the Ryder Dealership. He has also reported that he lied in other parts of this statement to the police. The reason given appears to be his intent to sensationalise the account. I have taken this into account in my opinion.

In summary, Mr. Minassian shortly after the incident of April 23, 2018 leading to the 10 counts of first-degree murder and 16 counts of attempted murder, gave an inculpatory statement to Detective Thomas. In the statement there is clear evidence of preplanning in careful detail and full cognitive awareness of his actions prior to the incident, during the incident and immediately after the incident. There is no evidence of any psychotic process operating prior to the incident, during the incident and immediately after the incident. This, therefore, supports my opinion that Mr. Minassian does not come within the usual terms of a finding of Not Criminally Responsible on the basis of mental disorder.

Subsequently in my interviews with Mr. Minassian he continued to maintain the same motivation that he gave to Detective Thomas. Other than correcting his direct contact with Rodger and Harper–Mercer prior to their deaths, he did maintain the influence of the Incel movement. He clearly was strongly influenced by the Elliot Rodger manifesto. He also continued to show a lack of empathy for the victims and victims' families and even for his own parents' distress related to his behaviour. He also clearly knew that what he was doing was against the law and, that his reasoning for "suicide by cop" was to avoid the consequences of going to prison. The suicide attempt was thought out and planned, not as a result of any mental illness such as major depression with psychosis, but rather cognitively thought out as part of the overall plan. Mr. Minassian has continued to believe that his actions were justified and continued to believe in the Incel movement. In fact, he's added to his statement to Detective Thomas that he was seeking notoriety and infamy.

The only possibility that Mr. Minassian could come within the terms of Section 16(1) of the Criminal Code of Canada and specifically the second branch of the test, is to focus on deficits in empathy and moral reasoning as seen in Autism Spectrum Disorder. In particular, as described above, deficits in appropriate cognitive empathy is a direct result of Autism Spectrum Disorder and could be considered as a factor. Further the deficits in empathy and moral reasoning which are specifically part of the condition would have to be considered in terms of its impact on his state of mind prior to the offences, during the offences, and after the offences.

Mr. Minassian repeatedly reported being committed to what he did and did not express any regret or remorse and very little or no empathy for the victims or families of the victims. Any regret on behalf of Mr. Minassian related to the alleged offences is related to the fact that he did not complete the "mission" as he did not commit suicide. He researched mass murder including Elliott Rodger, Adam Lanza, Christopher Harper-Mercer and the Virginia Tech massacre and he believed all of them suffered from Autism. This is not accurate, for example the perpetrator of Virginia Tech massacre certainly had a psychiatric history, but I am not aware of any diagnosis of Autism. Mr. Minassian also identified that they all committed suicide. He also identified with the fact that after the event they became famous through considerable media coverage and this influenced him. He also reported that he anticipated failing in his job as a computer programmer at Ceridian starting approximately a week after the alleged offences. His motivation for the alleged offences could be summarized as online influence (identification with mass murderers), and fear of job failure.

There is no doubt that Mr. Minassian knew that his actions were against the law. He knew that if he did not commit suicide, he would be arrested and imprisoned. It was much harder to get him to respond to the morality of his actions, and to open-ended questions and his response would be typically "I did not think of that".

Despite suffering from Autism Spectrum Disorder, he may possibly have an understanding of moral reasoning, subject to legal interpretation.

Mr. Minassian's 'radicalization' may be a product of hyperfocus which is seen in Asperger's syndrome as "intense absorption in certain subjects" and appears to be directly related to theory of mind deficits and deficits in central coherence. It is possible that this led to the intense absorption in the Elliot Rodger's manifesto initially, which then as a result of empathy deficits and deficits in moral reasoning, led to his actions on April 23, 2018.

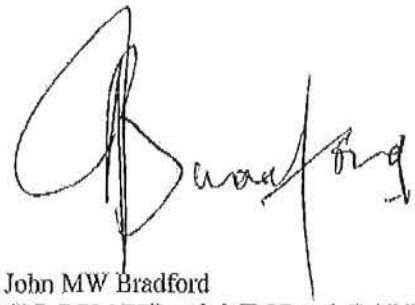
There appears to be an association in scientific terms between Autism Spectrum Disorder and extreme violence in particular mass murder and serial murder (Allely et al., 2017). Clearly more research needs to occur in this area, as there are large deficits in the understanding of mass murder and in particular why there may be an association with Autism. Most commonly the events terminate with the suicide of the perpetrator (Allely et al., 2017).

In summary, Mr. Minassian clearly suffers from Autism Spectrum Disorder. In my opinion, he does not meet the ***conventional*** forensic psychiatric opinion for a finding of not criminally responsible due to a mental disorder. Ultimately, whether or not Mr. Minassian should be found not criminally responsible due to a mental disorder is a legal determination for the Court to make. In my view, the only basis for this finding would be if Mr. Minassian was found to be unable to appreciate the moral wrongfulness of his conduct. As outlined above, in terms of Autism Spectrum Disorder and the type and degree of deficits associated with it, there is a credible basis for this to be considered.

I have no further comment to make at this stage, if there is any further way that I could be of assistance, please do not hesitate to contact me.

I trust this report is of assistance.

Sincerely,



Dr. John MW Bradford
MBChB DPM FFPsych MRCPsych DABPN DABFP FRCPC CM
Founder Forensic Psychiatry, Royal College of Physicians and Surgeons of Canada,
Psychiatrist, Forensic Program St. Joseph's Healthcare Hamilton,
Scientist ,The Royal Institute of Mental Health Research.
Full Professor (Clinical) Department of Psychiatry & Behavioural Neurosciences,
McMaster University
Full Professor (Retired) Division of Forensic Psychiatry, University of Ottawa [retired]
Full Professor (Retired) Department of Criminology, University of Ottawa [retired]
Professor Emeritus University of Ottawa
Honorary titles: Fellow of the Royal College of Psychiatrists [UK]; Distinguished Life Fellow of the American Psychiatric Association [USA]; Fellow of the American College of Psychiatrists [USA]; Distinguished Fellow of the Canadian Psychiatric Association [Canada]; Recipient of Queen Elizabeth II Diamond Jubilee Medal; Recipient of the Sesquicentannial Canada Pin, Member of the Order of Canada

JB/sc

References

Allely, C. S., Wilson, P., Minnis, H., Thompson, L., Yaksic, E., & Gillberg, C. (2017). Violence is Rare in Autism:When It Does Occur, Is It Sometimes Extreme? *The Journal of Psychology, 151*(1), 49-68. doi:10.1080/00223980.2016.1175998

Baron-Cohen, S., Jolliffe, T., Mortimore, C., & Robertson, M. (1997). Another advanced test of theory of mind: evidence from very high functioning adults with autism or asperger syndrome. *J Child Psychol Psychiatry, 38*(7), 813-822.

Baron-Cohen, S., & Wheelwright, S. (2004). The empathy quotient: an investigation of adults with Asperger syndrome or high functioning autism, and normal sex differences. *J Autism Dev Disord, 34*(2), 163-175.

Dziobek, I., Rogers, K., Fleck, S., Bahnemann, M., Heekeren, H. R., Wolf, O. T., & Convit, A. (2008). Dissociation of cognitive and emotional empathy in adults with Asperger syndrome using the Multifaceted Empathy Test (MET). *J Autism Dev Disord, 38*(3), 464-473. doi:10.1007/s10803-007-0486-x

Grant, T., Furlano, R., Hall, L., & Kelley, E. (2018). Criminal Responsibility in Autism Spectrum Disorder: A Critical Review Empathy and Moral Reasoning. *Canadian Psychology, 59*(1), 65-75.

Haskins, B. G., & Silva, J. A. (2006). Asperger's disorder and criminal behavior: forensic-psychiatric considerations. *J Am Acad Psychiatry Law, 34*(3), 374-384.

Koyama, T., Tachimori, H., Osada, H., Takeda, T., & Kurita, H. (2007). Cognitive and symptom profiles in Asperger's syndrome and high-functioning autism. *Psychiatry Clin Neurosci, 61*(1), 99-104. doi:10.1111/j.1440-1819.2007.01617.x

Lerner, M. D., Haque, O. S., Northrup, E. C., Lawer, L., & Bursztajn, H. J. (2012). Emerging perspectives on adolescents and young adults with high-functioning autism spectrum disorders, violence, and criminal law. Correction. *J Am Acad Psychiatry Law, 40*(3), 445.

Rogers, K., Dziobek, I., Hassenstab, J., Wolf, O. T., & Convit, A. (2007). Who cares? Revisiting empathy in Asperger syndrome. *J Autism Dev Disord, 37*(4), 709-715. doi:10.1007/s10803-006-0197-8